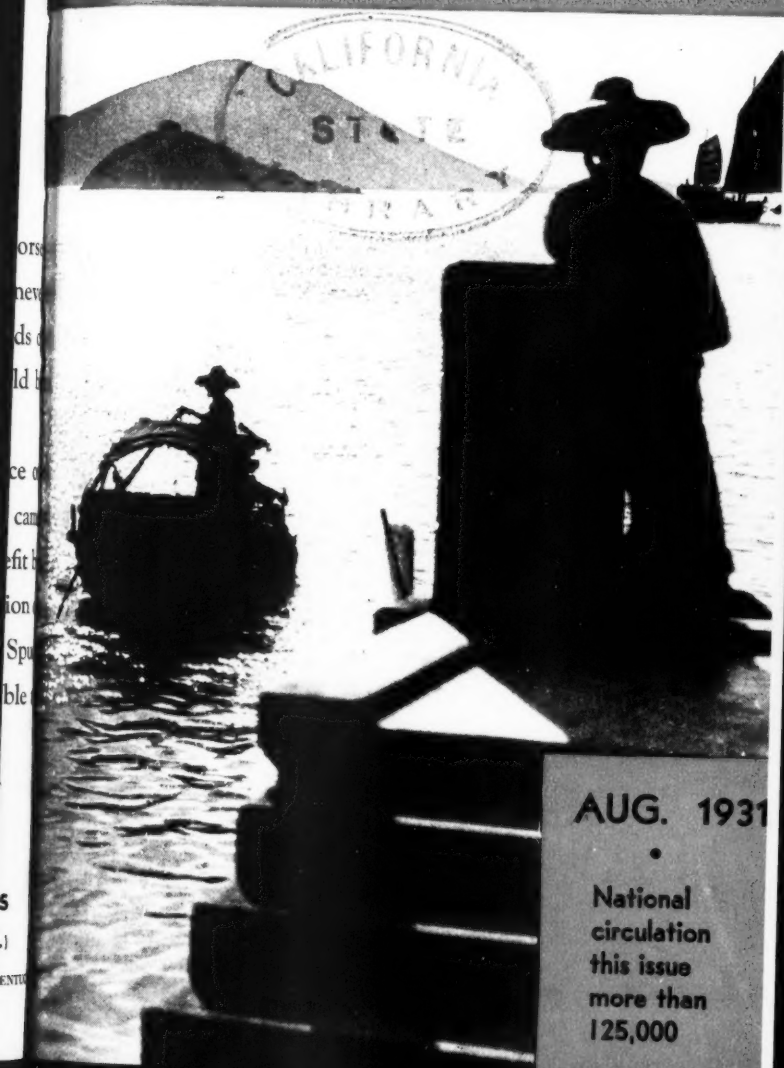


Medical Economics

Business Magazine of the Medical Profession



AUG. 1931

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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

AUGUST, 1931 • VOL. 8, No. 11

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H. SHERIDAN BAKETEL, A.M., M.D., Editor
HAROLD S. STEVENS, Managing Editor
LANSING CHAPMAN, Publisher

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M. D.

"Dr. Warren, your patient is ready"

ASTONISHMENT was writ large on the faces of all in the operating room up at Massachusetts General that day in 1846. A tumor had just been removed from a patient who had neither struggled nor cried out in pain during the operation. The incredulous spectators had watched from start to finish. Had seen Dr. Morton enter, breathless, just as they had concluded he was not coming. Watched as he administered the ether with the device only that minute completed. They heard him say quietly, "Dr. Warren, your patient is ready."

Then, in that room where for probably the first time the use of ether had been demonstrated, Dr. Warren voiced the opinion of all, "Gentlemen, this is no humbug." Strange words in these days when anesthesia of one sort or another is almost invariably the prelude to operation. And they were crying humbug, too, in those days, at the idea that dirty hands could have any connection with puerperal fever—or with gobs of pus in recently made incisions. Nor is it strange that anesthesia should go hand in hand with antiseptics in making surgery as safe, as sure, as it is today.

Even with the blessing of easily produced unconsciousness, surgery

would have a far different story without aseptic technique and the dependable antiseptics that go with it. Antiseptics that are positive in their effectiveness in killing germs yet harmless to human tissue. Such an antiseptic is Zonite—a stable sodium hypochlorite. The value of the active principle, sodium hypochlorite, has been thoroughly demonstrated and well established. Zonite presents this agent in a standardized solution.

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Speaking Frankly

Check

TO THE EDITOR:
I have appreciated very much the good business sense, the human findings and the humor of your magazine. I believe it is doing the doctors a real service.

Now regarding the controversy on doctors' incomes—I am an orthopedist, fifty-five years old and in a town of about 150,000. My income for 1930 was slightly above your average figure and my expense account a little below, but the figures were startlingly similar to my income tax report.

This is not only true of 1930, but for several years past. Despite the fact that I am in the decade beyond fifty and the times are a little strenuous, my first six months' returns for 1931 are better than for the same period of 1928, 1929, or 1930. I am known among my neighbors as a low charger and easy on collections.

I do not like to air my private affairs but do feel grateful to you for collecting data which I have wanted.

J. Scott Brown, M.D.

Hospital

TO THE EDITOR:
In the May issue of MEDICAL ECONOMICS you published a letter from "N.J.H.", the last paragraph of which reads:

"I grant that there are many patients who are in imperative need of hospital care, but there are also many who would still be alive if they had never been taken to a hospital."

Following the same specious

line of argument, there are many people who would still be alive had they never become ill. And it seems reasonable to assert that a certain number of people in time past have died in their own beds. One may as well cite the folly of dying under a physician's care when one could die just as completely, and *much* more cheaply, without it.

"N.J.H." has taken an entirely arbitrary view of the fancied trend of reasoning which prompts Mesdames Brown, Jones or Smith to visit a hospital when her child is to be born. He states "People are afraid their confinements would not be noticed sufficiently if they did not take place in a hospital."

I submit the case of an erstwhile next-door neighbor to refute that statement. When the poor woman fell into labour there was no chance of any part of the neighborhood letting it go "unnoticed." In fact, it was "noticed sufficiently" and to such an extent that a hospital confinement would have been a poor advertising medium by comparison!

Personally, I am in favor of hospitalization of the sick. I feel very much the sentiment expressed by Eddie Cantor, the comedian, when he was threatened with sudden death at the point of a revolver:

"I don't want to die like this; I don't want to die at all, but if I've got to die then take me to a hospital where I can have nurses and flowers, and maybe a little fruit."

J. Phil. Edmundson, M.D.

Wish

TO THE EDITOR:
Your little magazine is looked for eagerly each month. It is without question read more thoroughly and completely than any other of the various publications received in

this office. My only wish after finishing an issue is that it was much larger or came more often.

Francis C. Lutz, M.D.

Ten Rules

Here, in my
TO THE EDITOR:

opinion, are the real Ten Commandments of a doctor's secretary—

I. Thou shalt be on time. The doctor said very plainly 9 to 12, and 1 to 5 when you were hired, but the phone is ringing as you unlock the door at 8:15.

II. Thou shalt keep your hair marcelled, and wear up-to-date dresses, but rouge on cheeks and lips is taboo. Your clothes must show individuality—but no uniforms!

III. Thou shalt place your doctor on a pedestal, though he have feet of clay. His word is law. He can make no mistakes.

IV. Thou shalt save for old age and invest wisely, for some day a new face will take your place.

V. Thou shalt not mix business with pleasure.

VI. Thou shalt bear all criticism meekly. Criticism, whether it be constructive or destructive, is character-building.

VII. Thou shalt know the multiple and varied instruments of torture by the correct name, and have them ready on the instant, no matter whether the patient has arrived by appointment or is an emergency.

VIII. Thou shalt be a mind reader and especially know when to make yourself scarce, also when to chaperone. In other words use discretion.

IX. Learn to be business manager, collector, assistant, purchasing agent, and general factotum.

X. Be diplomatic, for yea,

though you speak with the tongue of a thousand angels you are worthless if you fail to make a hit with the boss. SELAH.

Colorado Jane.

Facts

TO THE EDITOR:

Ament the controversy over the responsibility for the death of Michael Servetus, let us get down to the accepted facts.

Neither of the branches of the Christian religion can look back upon Servetus with smug complacency. The immediate cause of his unhappy fate was the publication of his "Restitutio Christianismi" at Vienna. This brought him into the eyes of the Papal Inquisitor of Vienna and he was condemned to the stake. He escaped and the Viennese clerics were forced to content themselves with burning him in effigy with many bales of his books. Going to Geneva, Servetus met, under Calvin, the same fate which he had sought to escape in France.

It is frequently asserted that Servetus was burned for his discoveries in anatomy and physiology (the pulmonary circulation) but the real charge upon which he was condemned was his unorthodox view of the Trinity, accepted by Catholic and Reformer alike as the basis of Christian belief.

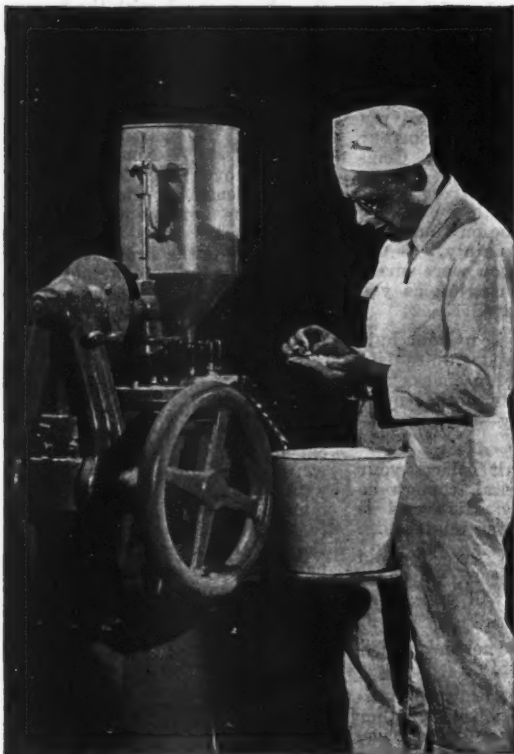
George A. Williams, M.D.

Income

TO THE EDITOR:

For the past thirteen years, I have gone down to the office of the County Treasurer and have made a statistical survey of the income taxes paid by my colleagues in this city, and have tabulated the results yearly.

One conclusion was very emphatically forced on me by these surveys: either the physicians were prevaricators in your income survey, or tax dodgers. The incomes that they reported to the income tax [TURN TO PAGE 73]



Com- pressing Tablets

(Third of a series
of advertisements
on the making of
tablets.)

THERE is art as well as mechanics in compressing a tablet enough to carry it intact to the patient's hand and not so much that it will continue as a tablet right thru the patient's colon.

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MEDICAL ECONOMICS

The Business Magazine of the Medical Profession

Fixed Fees

ARE THEY TROUBLE-LOADED?

By HALL JOHNSTON

TEN or fifteen years ago the story was told of a very rich man who called on a noted surgeon to perform a very difficult and delicate operation. The operation over, the patient was so satisfied with the result that he presented the surgeon with his check for \$10,000.

"What is this," asked the surgeon, in some surprise.

"Your fee, doctor," replied the patient, very much pleased with himself.

The surgeon politely but firmly declined the check, with the remark that a bill would be rendered in the regular course of business, when payment would be expected. A few weeks later, after the patient had left the hospital, he received the bill. It was for \$100,000.

I remember, in those days, surgical service was almost entirely based on the patient's ability to pay. Doctors subscribed to credit bureaus and rating agencies, and the first questions asked a prospective patient related to his occupation and his income.

Theoretically, such a plan may

still be more or less in vogue today. Doctors, particularly surgeons, seem still to be interested in a patient's financial standing.

But an investigation I have just completed in two large eastern cities shows that practically all fees are, in the main, standardized. In these cities, house calls are booked by physicians at an average price of \$5, and office calls at a dollar or two less, to all patients.

Surgeons' fees are almost as fixed. Practically every surgeon in the two cities, from the most eminent operator down to the most recent graduate, admitted having a very definite scale of fees for the various operations, the frequency of which permitted classification. These fees ran from \$25 up to \$500. The interesting thing about this situation is not related to the size of the fee, but is in the fact that the same fee is being charged all comers.

At first glance, this may seem to be fair. I have some doubts about it working out that way in actual practice. It is generally



conceded that all useful citizens are entitled to medical and surgical service. Yet it is quite obvious that many useful citizens who seek a physician's services cannot well afford to pay \$5 per visit during an epidemic of measles, and many equally useful citizens cannot pay \$200 for an operation, in addition to hospital bills.

It is equally obvious that many patients can well afford to pay the full limit of fees to the physician, and several times the usual surgical fee.

Under the system of standardized fees, thousands of good families are compelled to deny themselves all the luxuries and many of the necessities of life in order to pay the cost of sickness, while the financially able patient enjoys a maximum of service at a cost which means nothing more than the incident of writing a check.

"I am performing from two or three to twelve or fifteen major operations every day," said a prominent surgeon recently in a conversation on the subject, "and I have long since quit the practice of trying to fit the fee to the pocket-book of the patient. In some instances, where the patient is prominent and known to be blessed with too much money I adjust the fee accordingly. But

by and large, I make no attempt to do it. Most of my patients are unknown to me. If they look reasonably prosperous, they are charged according to a fixed scale of fees for the operation performed. If their appearance clearly indicates their inability to pay, or if they disclose such a condition, I either charge them a nominal fee or just charge it off altogether. If patients come to my office after the bill is rendered and show that they are unable to pay, my staff is instructed to be lenient and waive payment entirely rather than cause any real suffering or hardship."

This appears to be a liberal enough attitude on the part of the doctor. I have no doubt it is. But it fails wholly to solve the problem we are discussing. The patient who pays without complaining may be the one who undergoes the greatest hardship. I think he may constitute seventy five per cent of this surgeon's patients. At any rate, the percentage is large.

He is the one who is responsi-

Arguments on the Medical Costs question center around the idea:

1. Poor people get good medical service free . . .



Photo by Ewing Galloway

ble for the present unrest about the cost of being sick. He makes no complaint to the doctor, because he is satisfied with the treatment he has received at his hands, and does not feel that it is the doctor's fault. He is unable to analyze the situation. He knows that there is something wrong, so he talks about it with his neighbor, where he receives ready sympathy. Gradually public opinion is formed, and the resulting criticism falls on the profession as a whole. The individual doctor escapes it.

Since the profession as a whole is in the hands of the individual doctor, he cannot escape the consequences of such criticism. It is his problem. Either he must solve it, or mounting public opinion will compel its solution by those on the outside. Then, right or wrong, the individual doctor must accept it.

Since the problems presented are related, let us turn for a moment to the patient's attitude toward the hospital, and see if we can get a little light. It is

quite obvious that the total amount paid to hospitals by patients for the total of the service rendered to them, is not too much. Otherwise, hospitals would all get rich and pay large dividends to their sponsors. As it is, sponsors of hospitals must put up more and more money to operate them, and endowments must be constantly increased to support them.

It is just as obvious to the average patient who enters a hospital that the expense of the service, as the individual must pay it, is far too much. Most patients struggle along with the bills as rendered, and finally, after making considerable personal sacrifices, pay them. They understand that the hospital is not making money, at, as President Hoover might say, "the expense of human suffering." But the average patient is somewhat puzzled about the economics of the transaction.

I presented the question to a superintendent of a large city hospital.

"Yes," he said, after turning the matter over in his mind, "we are charging the individual patient far more than the service we render to him costs, and, doubtless, more than it should be worth. If we did not, we could not operate our institution. But what can we do about it? Last year, fifty-five per cent of our service was rendered free. We did not intend the percentage to be so large. We hoped to limit the free service to about thirty-five per cent. But too much of our business initially entered as pay business turned out to be free. We cannot collect for it. We

2. Rich people get good medical service and don't have to worry about the bill ... while ...

3. The man of moderate means is caught in the middle. A standardized fee might seem to be the answer. But is it?

have a small endowment, and we receive an amount from community contributions. The balance of our annual deficit must be collected from our paying patients."

I took this explanation back to a puzzled patient who had recently occupied a bed in the hospital, and who had, without complaint, paid a rather large bill.

He, too, thought the matter over very carefully before making any comment.

"There is something about that situation that seems a bit unfair," he remarked, finally, "and I do not know just where the trouble lies. Sometime ago we conducted a community drive for funds. Hospitals were prominent among the beneficiaries.

"Well, I felt that we were in the midst of a real emergency, and that the people to be benefitted were in need of my help. My own affairs were running along on a very even keel, with no apparent breakers ahead. I felt that I was in good shape to make a liberal contribution, and I did.

"Now, without warning, I find myself in a serious situation. Emergency measures for me suddenly become necessary. At this critical time, when I am least able to paddle my own little canoe, I must, if the explanation of the hospital superintendent is to be accepted, shoulder a part of the burdens of other unfortunates.

"Every paying patient, regardless of his ability to pay, must bear a part of the expense of caring for the non-paying patient. I realize that those who are in charge of affairs do not intend this to be so. The arguments we presented in the recent community drive for funds prove that. But something has gone wrong. The plan has only partially been worked out.

"I also have my doctor's bill. I haven't paid it yet. It is pretty large, but I do not feel that I can complain about that.

"And yet there may be some fundamental fault that underlies his bill. It may be similar to that of the hospital bill. It seems to me there should be some other method of distributing the cost of sickness than that of tacking the excess on the sick folks who wish to and are trying to pay their way. When a man is flat on his back, with his income reduced or cut off entirely, it is no time to ask him to contribute to the other fellow's ills. He really needs help himself.

"If it is going to be a community affair, let us adjust it so that part of the community that is well, and working at its job, may do the paying for service rendered to the sick who cannot pay at all. Let us not permit the balance of the sick folks to pay it."

I have said that the problem of the hospital and the doctor's problem are related. We who are studying the economics of the practice of medicine know that they are not identical. But this hospital patient has certainly touched a problem that squarely faces the medical profession, whether free service is the base of it or not.

Standardization of fees may not be at the bottom of it. I am not offering the suggestion of a return to the practice of charging each patient what it is thought he may be able to pay, as a cure for these economic ills. Charging "all the traffic will bear" has been out of style in many lines of business for a long time.

Yet, the fixing of fees and free service are doubtless contributing causes to the economic unrest now disturbing the minds of those who patronize the doctor. These questions are here presented not so much with the idea that their solution may also solve the cost-of-sickness problem, but rather that a consideration of them may help to do so.

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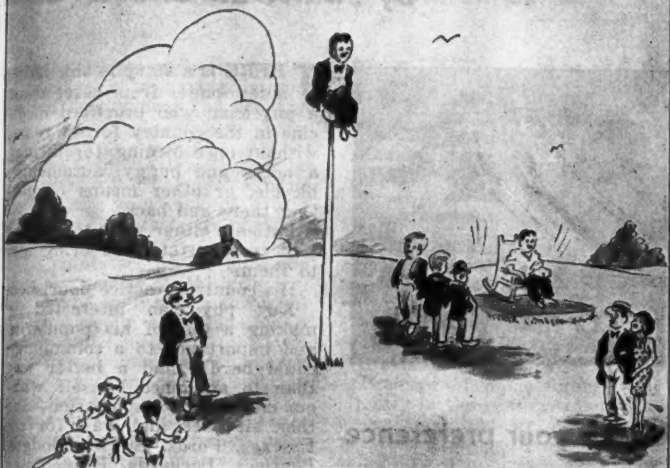
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It's an Odd Thing about Medicine

ENDURANCE CONTESTS HAVE MADE
HEROS OF SOME PEOPLE —



—BUT NO ONE HAS APPLAUDED THE
DOCTORS FOR ALL TIME RECORDS
FOR BILLPOSTING.



What Car Do You

By HAROLD S. STEVENS



Check your preference
against this summary
of doctors' favorite
automobiles . . .

**FORD .. BUICK ..
PONTIAC ..**

**DODGE .. FRANKLIN ..
NASH .. CHRYSLER ..
HUDSON ..**

**HUPMOBILE .. REO ..
ESSEX .. OAKLAND ..
CHEVROLET .. etc., etc.**

THERE is a story in this issue, a few pages from here, about a physician who practiced medicine in the country for 48 years, without once owning (or hiring) a horse and buggy, automobile, bicycle, or other means of getting there and back.

Patients either went to him, or sent transportation to bring him to them.

His country practice flourished. Any physician interested in making a test of his popularity and importance to a community, could hardly find a better way than to announce himself without means of transportation—and then sit back and wait for the Essexes, Fords, Buicks, Dodges, Pontiacs, Packards, Hupmobiles, Chevrolets, and Oldsmobiles to come rolling up to fetch him to the scene of illness.

If not in the mood to make the experiment, get ready to digest the results of this investigation as to what cars doctors drive and why.

Excluding the few who do not make outside calls, and those who practice in downtown metropolitan districts, where riding by taxi is cheaper than owning a car, physicians are connoisseurs in automotive transportation, particularly such features of it as reliability, economy of operation, ease of driving, and riding comfort.

The answers come from about 500 physicians, grouped in two ways: by size of community where practicing, and by income.

Geographical variations in automobile preference were discounted in the beginning by the simple process of shuffling the

Drive?

Managing Editor, Medical Economics

inquiries up among communities of equal size in various states, spotted evenly over the country.

In the towns of less than 5,000 population, Ford leads as the doctor's car, in a ratio of 4 to 1 over the nearest competitor, Pontiac.

The points scored for Ford are original cost, reliability, and economy of operation, a few owners checking, in addition, ease of driving and long life.

Similar points were handed Pontiac, with more emphasis on riding comfort and long life.

Runners-up in this group, sharing votes about equally, were Essex, Franklin, Willys-Knight, Dodge, Nash, Buick, and Oakland.

The question "Would you have chosen a less expensive car if you were, for example, a salaried business man of the same income?" would obviously not be so significant in this group as in the others. But even so, one-third replied "Yes"—going to show that prestige of name and appearance do count when the doctor goes down to automobile row, check book in pocket.

He does this, on the average, once every two years, though one year is more usual, at least in this group. The average mileage taken before trading in is 13,800, and none attempts to experiment with his car's staying properties beyond the 24,000 mark.

But get ready for this: more than half feel it necessary to keep second cars, and of the better makes at that. Only two Fords are represented in the list of second cars. Does that mean

that the doctor gives his family a better automobile than he uses in making his rounds?

Buick wears the caduceus more often than any other single make in towns ranging from 5,000 to 25,000 population—twice as often, in fact, as Ford, which is next in choice. Chrysler, Franklin, Dodge and Hudson follow Ford closely. Packard, Marquette, Oakland, Hupmobile, Chevrolet, Studebaker, Auburn, and Durant are evenly competitive.

Prestige of name figures only slightly in the reasons for choice, appearance likewise. As in the previous group, original cost and reliability are placed first, long life and ease of driving second.

About half in this group would drive a less expensive car if they were not physicians.

Two and a half years is the average period of ownership; and 12,800 miles the average mileage. 28,000 is top mileage in this group.

Pierce Arrow, La Salle, Nash and Cord begin to show up as second cars, the family apparently again getting the best of the deal. About half the physicians own second cars.

In cities the size of Springfield, Ohio; Jacksonville, Florida; Phoenix, Arizona; Portland, Maine; and Beaumont, Texas, bigger and better cars are in more common appearance before patients' doors. Now we have Lincolns, Stearns-Knight, Reos, and Pierce-Arrows. No particular make [TURN TO PAGE 97]

By J. M. GIBSON

If You Decide to be an Author

THE doctor has as good a chance as anyone to break into the general writing market and sell to the "popular" magazines paying high rates. In fact he has a better chance because he has the advantage of being a recognized authority in his field.

The fact that he writes in his capacity as a physician gives him a keen edge on the average "un-arrived" author, who must depend largely upon his articles themselves to convince an editor that he is capable of writing with authority on a subject.

There is the added advantage that the author-doctor is an educated person. Even when he tries his hand at writing on subjects removed from his field, the person to whom his manuscript is submitted knows that it is the work of a man who has mastered one of the most difficult of professions. Such knowledge results in more favorable consideration.

Fortunately, there are a number of magazines buying large quantities of the very kind of material which the average doctor, either general practitioner or specialist, is well prepared by training and experience to write. The rates paid are not as high as those paid by publications boasting millions of readers, but they are high enough to provide a sizeable extra income for the busy physician who writes in his spare time.

Indeed many professional writers devote their whole time to the preparation of material of this kind for magazines in many fields, depending upon their checks from editors to enable them to live in comfort.

The main difficulty which the

doctor turned author has to consider is that of giving the editors and their readers what they want and are willing to pay for. This makes the writer both a manufacturer and a salesman.

No doubt there is considerable satisfaction for some people in writing as an end in itself, with no thought of publication or financial returns, but authors who decide to make writing a profession must measure success in terms of editors' checks.

The person trained in the ways of authorship looks at anything printed—newspaper, magazine, book, or whatnot—with an appraising eye and asks himself a number of questions the answers to which have much to do with his ability to turn a few hours of pleasant work into a check large enough to buy a set of golf clubs or pay for a pleasant weekend trip.

Is the publication a weekly, a monthly or a quarterly? If a weekly, it offers a market for approximately four times as much material as if it were a monthly. The market for material which a quarterly publication offers is correspondingly less.

Is most of the material it uses written by the magazine's own staff, or does the great majority show unmistakable signs of hav-

HERE'S ADVICE ON HOW IT'S DONE

ing been purchased at space rates from outside contributors?

Does a publication feature "big names", or does it seem to welcome contributions from writers who have not attained fame? Does it use photographs; and, if so, are they furnished by the authors, or are they credited to one or more of the large picture agencies? To what class of readers does it appeal?

A surprisingly large number of free-lance writers apparently pay no attention to the space requirements of the magazines to which they submit material, sending a 6000-word article to a magazine that never uses anything longer than 2500 words and wondering, when it comes back, why editors cannot appreciate a good piece of writing when they see it.

Specific information regarding the special needs and editorial policies of various publications is available in writers' directories which can be purchased at or through bookstores everywhere. These books list practically every worth-while magazine in the

United States and even in foreign countries, publications of a certain type being grouped together. The author who specializes in articles dealing with medical, dental, health and similar subjects, for instance, finds well over a hundred markets for this kind of material.

The doctor writing for publication must remember always to keep his readers' interest in mind. He must never forget that, in writing for the general public, even on some phase of his own work, he is not directing his message to a group of enthusiastic health-seekers who are willing to read a great mass of dull material in order to get the information he has for them.

The author whose articles "get across" to the readers of the less technical publications must keep in mind that they have to compete with everything else in that particular publication and indeed with everything else on the newsstands. Although the average person has an interest in health matters (without this interest

health magazines could not survive) he is also interested in baseball, politics, international affairs, the talkies, and whatnot.

Practically no purchaser of a magazine reads every article and story in

[TURN TO
PAGE 93]



He Never Owned a

IN 48 YEARS OF COUNTRY

IN 1881 conformity to established custom required that a physician have a horse and buggy. Particularly was this expected of a country doctor. In the northern sections, a sleigh for winter use was deemed a necessity.

It was that year when a young medical man chose to locate in Tully, New York. Tully is an attractive village in the central part of the Empire State. Two other physicians were already established there when the young man arrived.

He opened an office, the chief decoration being a diploma showing that Bellevue Hospital Medical College, in New York City, had that year conferred the degree of Doctor of Medicine on William H. Dwinelle.

Nearby farmers and horse dealers were early callers. They were prepared to fill the needs of the new doctor, for of course he would require a horse.

They were courteously received but astounded beyond words when Dr. Dwinelle said that he would have no use for a horse or conveyance of any kind, that he was there to render medical and surgical service, and did not propose to be bothered by driving and caring for a horse. An uncle, hearing of his nephew's singular resolve to do without a means of conveyance, offered to present the young practitioner with a horse and "rig." Again, the doctor answered that he could not put such a gift to use.

The first two or three families to employ Dr. Dwinelle found that he apparently knew his

A few months ago the metropolitan newspapers carried brief reference to the death of a country doctor. It was said that in a practice of fifty years he had never furnished his own transportation in making professional calls. This was so unique a characteristic that MEDICAL ECONOMICS asked one of its frequent contributors to investigate and write the story more in detail.

medicine, that he evinced a deep professional interest in his work, and had the sympathetic manner which is so great an asset to a family doctor. These people talked of his good qualities. The best time for general conversation, in those days, was immediately following the morning church service.

Townpeople and those from the countryside could then mingle and discuss subjects of common interest. Naturally, the coming to town of a young doctor was one of these subjects. *But*, said some of the country folk after hearing his praises sung, *we cannot have him for it is too far a stretch for one to walk!*

Meanwhile Dr. Dwinelle sat in his office reading his books or ministering to the few patients who sought him there; and occasionally he made a professional call in the village. One day a farmer on horseback came to the office. Would the doctor, he asked,

a Vehicle

DOCTORING • By Frederick A. Fenning

go out about six miles to see the farmer's ailing wife? He had hopefully brought an extra saddle horse.

"Of course," responded the young physician, "I will go anywhere at any time."

News in rural districts travels rapidly, and it did so long before the days of the telephone and the radio. At post office, church, stores, and on the road side, the word was passed that Dr. Dwinelle was treating a patient at one of the valley farms and that the farmer had sent a saddle horse for him.

It was not long before the doctor was making trips to other farms in buggies, wagons, sleighs and on horseback.

Twenty years later people began to buy automobiles, but not

Dr. Dwinelle, for he was busy attending the sick and injured. The only difference that the motor car made in his life was that his patients could furnish quicker means of transportation. One of his fellow practitioners tells that it was not unusual for another doctor to receive a telephone request to bring Dr. Dwinelle.

This country doctor exalted the practice of the healing art. He dignified his calling. He brought the people of his neighborhood to a realization and proper appreciation of the high purpose and accomplishment of modern medicine.

For more than forty-eight years he ministered as physician and surgeon, and as health officer, to the residents of Tully and

the surrounding country. And always, always *they came to him or for him.*

This worthy follower of Esculapius seems to have been such a man as Emerson had in mind when he wrote: "The virtue most in request (in society) is conformity. Self-reliance is its aversion. Whoso would be a man must be a non-conformist."



Photo by Ewing Galloway

"The only difference the motor car made in his life was his patients could furnish quick transportation."

Popularizing a

ON BEHALF OF TENANTS

ARE you financially interested in a medical building? If you are, you are no exception, for professional buildings for physicians and dentists have become common-place in almost every section of the United States.

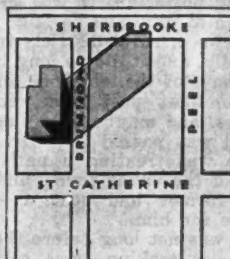
If the building in which your money is represented has been located with an eye to accessibility in the future and convenience of parking, if it is not too large for the present needs of the community, and if the architecture, materials, and construction are of high grade, you should consider your investment well protected. Whether or not the building will fill with tenants quickly, and stay filled, is another question, having to do with ordinary business risks; it is a question to which only time, and effort to make the building popular, can provide the answer.

One of the best campaigns for increasing the popularity of a medical building I have ever seen took place in connection with the opening of the Drummond Medical Building, in Montreal, Canada.

The advertising in this campaign was aimed not alone at physicians and dentists, but with particular canniness, it was aimed at the public, without whom the future tenants could not possibly exist, no matter how fine and beautiful their quarters might be.

Throughout the advertising emphasized the same psychology that makes it well for physicians these days to maintain soothing and pleasantly equipped offices—the idea that patients should be placed in an agreeable

AN EXCLUSIVE MEDICAL BUILDING



On Drummond Street, just above St. Catherine stands a distinguished building, representing the height of modern art and modern engineering. Its beauty alone makes it a notable addition to Montreal's Bond Street, where Notman and Scott, Mitchell-Holland and Berner-Palmer, Jules Helin and H. C. Wallace are setting the tone of the Street . . . where stand the Winter Club, Mount Stephen Club, the Drummond Court and Drummond Apartments. Montreal is moving west; and the Drummond Medical Building is a forerunner of the dignity, the spaciousness and the modernity of what will be the social heart of Montreal.

DRUMMOND - MEDICAL BUILDING

On Drummond Street just above St. Catherine

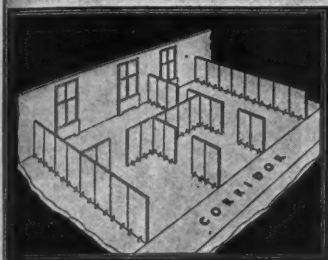
ALL LEASES ARE PASSED BY A COMMITTEE OF PROMINENT MEDICAL MEN

How the building was advertised to the public; and (opposite) to M. D.'s.

a Medical Building

TS By FRANK H. MADISON

MAKING SURE



THE sketch shows our method of laying out a suite with dummy partitions, so that the prospective tenant can have a pre-view of the division of his finished suites, and so make sure that his layout will suit his needs.

BUILDING PROGRESS

1. Flooring has now been commenced.
2. The roof has been completed.
3. Work on the installation of plumbing and electrical conduits is making satisfactory progress. At this stage most of the work is exposed; it is possible to see the details of installation. Prospective tenants will find a shrewd view of these features interesting. Inspection is invited.



Enquiries: Inability to talk definitely about moving in the immediate present is no bar to an investigation of the many interesting and unusual features of this building, which is destined to be the business home of the most prominent medical men of Montreal. We shall be glad merely to show you over the building. Write, phone or call at the leasing Office in the building . . . 504 Drummond Street . . . Marquette 1711.

DRUMMOND - MEDICAL BUILDING

ALL ISSUES WILL BE PASSED BY A COMMITTEE OF PROMINENT MEDICAL MEN

self at the elevators!

"Of the very latest design; traveling with almost motionless ease; stopping themselves ever so gently, exactly level with the floor you want.

"You will find the Drummond Medical Building in all ways a place worthy of the finest medical traditions of Montreal; fitted with every modern facility for the efficient practice of medicine."

In this way were the patients of the respective tenants of the building shown the pleasant advantages of visiting a doctor there. The attitude thus induced would not be slow in communicating itself to wide-awake physicians.

frame of mind before they even interview their doctor.

An advertisement read:

"When you go to visit your doctor, it is very pleasant to find him installed in the Drummond Medical Building . . . very pleasant to be able to turn off Sherbrooke, down the quiet peacefulness of Drummond, drive straight into a parking garage, step out of your car, and after a few steps along a corridor, find your-

Another approach to the public read:

"As you go along St. Catharine, turn a few yards up Drummond, towards Sherbrooke. In this quiet street you will find a notable new building . . . a structure of striking beauty and modernity . . . the Drummond Medical Building.

"As an architectural achievement there is no medical building on the

[TURN TO PAGE 65]

Reception Rooms

DON'T LAUGH...

If you find difficulty letting enough sunlight and fresh air into your reception room, why not take your reception room outdoors?

It has been done. In Santa Monica, a group of physicians have provided a sort of roof garden as an adjunct to their regular reception room, where patients may, if they wish, spend their fifteen minutes in pleasant outdoor surroundings.

The idea is applicable to professional and clinic buildings, to an apartment building or city home having a private court, and particularly to a combined residence-office in the suburbs or country — in fact, anywhere where there is enough space, light, and privacy.

Even if your office is above the street floor, it may be possible to have a small balcony or mezzanine added at not too great an expense—and if you are located where your reception room may be joined directly with the ground by a stone and earth terrace, you will have an ideal arrangement.

The points to watch are: Outlook and exposure; a definite style of landscaping; practicality, including expense and convenience; accessories, such as plants, moorings, and garden furniture.

Unless you can create shade with an awning, you will probably want a northern exposure.

If unattractive fixtures are at hand, the clever placing of trellises, garden "walls" or hedges, will do as screening. If your



ns Outdoors

H-- HERE ARE SOME ACTUAL EXAMPLES

office affords a good view, however, make the best of it by placing your terrace at the best vantage point.

The landscaping will depend, to a degree, upon the exterior architecture of the building. Formal effects may be necessary because of the style of the offices within, but if the outdoor waiting room is connected with the doctor's private residence, informal and rustic plantings will be more in keeping.

Many a physician reading this must have on his grounds some woodsy nook, which he could share with his patients by placing some garden furniture there, and then *keeping it clean*.

In desert regions cactus gar-

dens naturally suggest themselves, and if the doctor lives on grounds which are more or less formal, he might plan a picturesque little Japanese water-garden, which would not involve too great an expense.

Flagstones and rustic bridges should receive attention, and if it is necessary to locate the outdoor waiting rooms at even a slight distance from the office itself, the communicating walk should be made attractive enough to lure patients to the outdoor waiting room.

Awnings and bright colored garden umbrellas create an enlivening and up-to-the-minute effect, and in the absence of shading foliage, may be necessary.

Plan carefully to have a lawn of fine texture, and one that will stand considerable treading.

Don't laugh when I mention such additional accessories as a wall fountain, a bird-bath, a sun dial, evergreen trees for backgrounds, trumpet vines, clematis and honeysuckles, marigolds, nasturtions, petunias, and various kinds of poppies.

I know of one office where the receptionist is likely to ask, on a hot summer's day, "Wouldn't you like to step out on the roof and wait? The doctor will be

The garden court shown opposite adjoins the waiting room in the office of Dr. Paul D. Steele, New York. Below is the outdoor waiting room of Dr. James H. Riley, Springfield, Ohio.



ready to see you in just a few minutes."

Once out on the roof, what a surprise! A porch swing, a couple of porch chairs, a table, a rug, a few potted plants, and a canvas awning spread pavilion style over the area.

A visit to a doctor's office on a hot summer's afternoon is not a pleasant prospect to the average patient, and sitting in a stuffy reception room, however skilfully it is decorated, would hardly improve his mood.

If, however, you can conveniently fix up on your own grounds, or adjoining your leased quarters, an outdoor nook, whether simple or elaborate according to your taste and belief in the idea, you will increase your patient's gratitude.

On the other hand, if the location and arrangement of your office makes an outdoor waiting room impossible, give some thought to your *indoor* reception room, and how you make it more endurable through the summer.

Look at your windows. Are they too small, too high, too narrow, or too few to let in plenty of air and light? Could you, to advantage, afford a little remodeling to add to their number

or to increase their dimension?

In most of the modern professional buildings, casement windows are being used, and in many instances full-length windows of French door design. Modernistic buildings will be even more extreme in the matter of windows, and the ultimate is expected when the entire side of the building will be made of glass.

For the time being it will suffice to give attention to present styles of windows that let in a maximum of air and light. Windows that swing on a pivot, so that, when fully opened, one side is out and the other side in—or which tilt so that the top is in and the bottom out—are cases in point.

Light colored wicker furniture, or bright furniture covers, help to give an indoor reception room a cooling effect.

Window awnings, or shutters, during the hours when the hot sun falls on the reception room windows, should always be considered.

An awning covered patio in the Hollywood Medical Arts Building, Los Angeles, and (below) the garden waiting room of the Santa Monica Professional Building.



OMICS

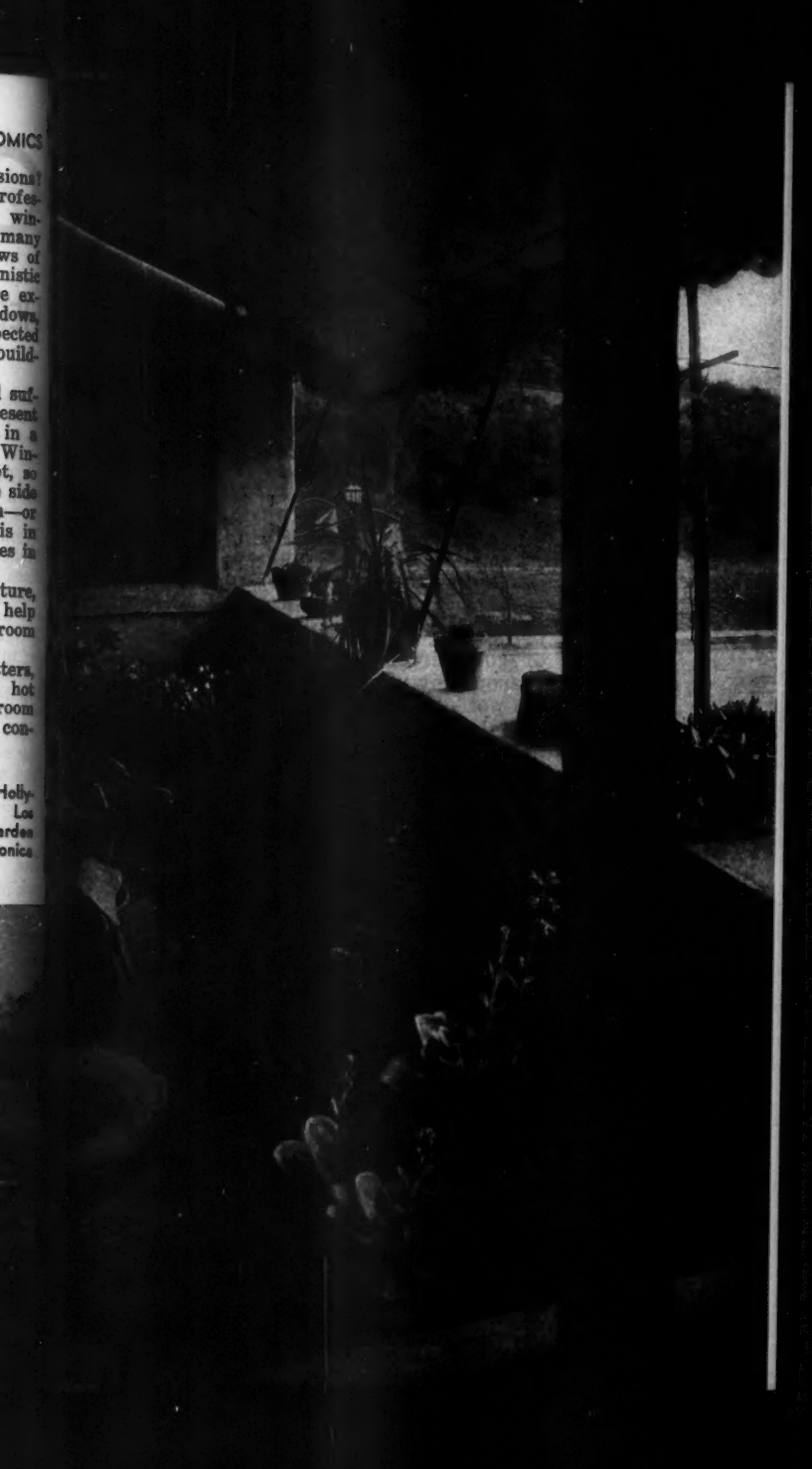
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Cleveland's

MERLE THORPE, Editor of *Nation's Business*, tells business men that too many people are looking for a short cut around the business depression—"an easy formula, too often legislative, that will restore General Business".

And then he says: "Most of us as individuals are expecting Old Man General Business to canter up on a white charger and parcel out what we consider our share of business activity."

The idea that legislation and other kinds of white magic will not kill our business troubles needs to be absorbed as thoroughly by executives of healing as by the executives of commerce. In fact there is even more reason why we need to digest this lesson, for we not only have our full share of the general headaches associated with these years of depression, but we have in addition a separate worry of our own, caused by the public's apparently waning faith in doctors, and the consequent growing rebellion against the system of private medicine.

The Cleveland Academy of Medicine furnishes us with an example of how new ideas, boldly carried out, can help lead us out of the wilderness toward revived public esteem.

First is the Academy's Health Education Foundation, under whose auspices several lectures have been given on the general subject of "Life in a Strenuous Age" (a stirring title, but hardly a sensational one, as titles run today). To the first lecture came hundreds more than could be accommodated in an auditorium seating eight hundred. For the second lecture a larger hall was engaged, one seating two thousand. Twenty-two hundred people crowded in, and then the doors were locked against the seemingly endless stream of people eager to listen to the story that medicine had to deliver.

"Doctor Alarm"

On July 1st the Academy inaugurated a telephone call service under the sloganized title—"Call CEdar 3500: The Health Number."

Not only does this bureau give the usual service in answering such questions as:

Can you give me the name of a heart specialist?

Is Dr. ——— a licensed physician?

Where can I get free service for my baby?

Where can I find a good convalescent home?

—but in addition to these, it will, with humanized care and understanding, handle all requests for emergency assistance flashed in by bewildered citizens in distress.

The Health Number has been further dramatized by the newspapers as "The Doctor Alarm"—which it is in fact, being a 24-hour service linked with all possible health and accident resources.

It looks very much as if medicine is rising to meet its crisis by supplying the new ideas, initiative, and flashing energy which is called for by the depression prescriptionist.

If every county society would copy the examples set by Cleveland, Greater New York, and Toledo, to mention only three, the revival of public faith and interest would probably astonish us.

Wouldn't we find encouragement and inspiration in such editorials as the following, from the *Cleveland Plain Dealer*?—

"Cleveland owes a word of praise to the Academy of Medicine for instituting in this city the nation's first foundation to be devoted exclusively to the study and development of health education. If prevention is better than cure, then health education which will enable the individual to avert illness is of manifest value....

"The health education foundation will help tell the public of the valuable service that medical science is ready and anxious to give it."

H Sheridan Baker

The Nurse Problem

UNDERSTANDING between the doctor and the nurse, so important to all concerned, in the patient-doctor-nurse triangle, doesn't always exist. It would be delightful to report that all is continual harmony in the medical-nursing relationship. But only an ostrich-minded optimist would do that.

Perhaps I should say that understanding between the medical *profession* and the nursing *profession* doesn't always exist.

Dr. May Ayres Burgess, director of the work being done by the Committee on the Grading of Nursing Schools, once said, "Physicians talk about 'nurses' and 'my nurse'! Nurses talk about 'doctors' and 'my doctor'!" There is apparently a world of difference for the members of both professions between those who belong to each other and those outside.

That is, the doctor who grumbles at the short-comings of nurses in general will, in the same breath, wax enthusiastic about the little nurse who helped him pull through his last pneumonia case.

The nurse who says, "Doctors think we aren't human," will often add, "It's a pleasure to work for Dr. So-and-so. He's a peach."

The doctor and the nurse are the captain and the crew who together bring their patient through dangerous waters into safe harbor. Real understanding between the doctor and the nurse is a prime requisite for bringing the patient safely through.

If each captain could forever have the same crew, and vice versa—if there were never any need for the captain to readjust himself to a new crew, or the crew to readjust herself to him—we wouldn't need to worry about

mutual complaints between the two professions-at-large.

Each captain would train his own crew and that would be that.

But it is very easy to see that, for efficiency's sake, the two professions themselves should if possible be brought into closer understanding, so that the various units of each may be more quickly and easily interchangeable.

Let us ask the physician on the one hand to appreciate the difficulties and limitations of nursing; let us level off, on the other hand, the idiosyncrasies among individual nurses which interfere with mutual compatibility between the two professions.

Can we by improved and standardized methods of training, improve and standardize nurses?

"Nurses are too darned independent," snorts the doctor to any sympathetic listener. "Doctors think nurses are machines, not people," sobs the tired nurse that night.

Can we prevent friction of that sort?

The problem has received years of careful study by an organization which exists for that purpose, the Committee on the Grading of Nursing Schools.

Interesting proof of the good opinion doctors have of nurses has come to the Committee from questionnaires answered by 4,000 physicians, from towns large and small.

"I have not had a nurse for more than five years that I could make one single complaint of," was a comment. "The nurses are getting more competent each year, and my patients always speak in the highest terms of treatment received."

On the other hand, the Committee also gleaned plenty of ex-

By MARTHA DREIBLATT

pressions of dissatisfaction. A common one relates to the variation in temperament.

A nurse may have an unfortunate, snippy manner, which effectually conceals a real concern for the patient. The doctor may have a habit of brusquely ignoring the nurse as he gives his instructions to the patient, or to some member of the family. Naturally, the nurse's snippiness increases.

Sometimes this can be helped—depending on the sense of humor, the ability to be objective, the willingness to change her attitude, belonging to that nurse. Or it may be as ineradicable as red hair.

A second reason for dissatisfaction is the fact that some nurses should never have been allowed to enter the profession—just as there are some men practicing medicine who cannot, by any professional standards, be called physicians.

The proportion of these nurses to the whole is small. But since the nurse has such a vital relationship to the safety of patients, and since she is so much a part of the doctor's daily work, even rare, isolated instances of the unethical nurse loom appallingly important.

More careful selection of candidates for the training schools might materially lessen the number of such nurses. Better education of those the schools do take would help materially in eliminating the inefficient nurse, who also belongs in the undesirable class.

Again, doctors sometimes say, "Nurses pick and choose cases." The problem of getting the nurse to fit the case is important. Doctors who deal with mental patients, the pediatricians, the gen-



"Nurses and doctors need each other. They will gain tremendously if they look at the facts of nursing today together, in a spirit of friendly cooperation."

eral practitioners who find themselves with cases of scarlet or typhoid on their hands, sometimes grow caustic about the lack of suitable nurses. When they fail to get any nurse at all for a case, they sometimes accuse those nurses in their communities of being uppish, of lacking true devotion to their calling, of being unwilling to take unpleasant jobs.

Yet careful study of the nursing school records show that, for example, only one in three training schools give student nurses experience in caring for contagious cases. Is it any wonder that the graduates from the other two are unwilling and afraid to take on such patients?

I saw a nurse badly in need of work refuse to take a post in the obstetric department of a hospital because she felt she couldn't handle the work. To me, that nurse displayed the real professional spirit, putting the welfare of patients before her own keen economic need. While this is not always true of nurses who register against certain types of illness, an inquiry into the training schools of one's local hospitals may show that local nurses select cases in which they have had the best training in student days.

The Grading Committee has been striving to separate from the mass of argument and guesswork that has surrounded the nurse question some of the straight, cold facts about it. It has had the cooperation of patients, doctors, hospitals, and nurses. It now believes it has some of the facts.

Today we take the trained nurse, as an individual, for granted. She has fitted so neatly into many places that she seems always to have been here to fill them. But in the space of forty short years, nursing has grown from a pioneer venture into an essential profession, and at a

tremendous rate. The increased demands of improved medical science and the rapid expansion of hospitals greatly stimulated this growth.

In 1890, there were about thirty-five training schools, and about 3,000 graduate nurses. Today, we have more than 2,000 schools—though some of them scarcely deserve the title—and more than 210,000 active graduate nurses.

With growth come problems. We have to think today about nurses not only as individual persons practicing a calling, but also as members of one of the largest groups of professional workers in the country, with the problems of basic economics and of maintaining standards which all such groups must face.

The evidence from the 4,000 physicians who answered questions for the Grading Committee is that there is no general numerical shortage in the nursing supply. The doctors who wrote they felt there is no shortage were three times as many as those who believed we should have more nurses. It was also shown that, while on a holiday or for certain types of cases one may have to call up several registries before getting a nurse, it is almost never impossible to get any nurse at all.

Only two out of each 100 of the physicians' patients were unable to get the nurse their doctors advised. Others also did not get the nurse advised, but not because of a lack of nurses. Forty-five percent couldn't afford one; twenty-nine percent were cared for by relatives or friends; thirteen percent didn't want a nurse; seven percent were cared for by a visiting nurse.

Just as there are people who prefer to dose themselves rather than to go to doctors, or who say, "I don't like to go to doctors", and stay away even when they could save themselves much future dis- [TURN TO PAGE 79]

the cluttered desk

THE difference between Rukeyser's new book "The Doctor and His Investments", and other financial books is that it does not leave to the reader the job of hunting for the advice which applies particularly to physicians.

Not that doctors form another race apart from other investors, but there is enough difference (the fact, for example, that a doctor cannot use his surplus in the expansion of his own business) to make a specialized book attractive.

Some of the material in Rukeyser's book is based on the articles he has written for MEDICAL ECONOMICS; some of it is altogether new. Even if you have kept all your copies of MEDICAL ECONOMICS, you will save time by owning the book, because the information is put in sequence, and is indexed.

I say that from a disinterested standpoint, because the publishers are P. Blakiston's Son & Co., Inc., 1012 Walnut St., Philadelphia, Pa., and you should order it direct from them, or from your local book store.

The outside doors to physicians' offices are divided into three classes, saying, respectively:

1. "Walk in; don't ring."
2. "Walk in; ring the bell."
3. "Ring the bell."

The last kind is kept locked, and the patient waits until the receptionist comes and opens the door. Some receptionists can make patients forget anything, even things more important than having to wait outside a locked door.

But if you are wise you will want to eliminate all unnecessary handicaps, and one of them is a locked door. Unlock the outer

door and take away the words "Please Ring."

Have a girl constantly in the reception room during office hours if possible, but if not possible, put a spring lock on the inner door leading to the consultation room.

But keep the outside door open to all callers—a few of them may be patients.

That reminds me of something I heard recently, about a store that for some reason had always had a floor level a few inches higher than the sidewalk. In consequence it was necessary for customers, on entering, to step up.

Some bright boy, probably the boss' son, thought they might be losing customers because of the subconscious reluctance of human beings to climb stairs, even one stair a few inches high.

Convinced he was right, the firm thought of taking away the step and sloping the floor upward, or moving the step a few feet inside the store.

But finally, so convinced were they that those few inches were losing them sales, they spent \$3000 to tear out the whole floor and lower it to sidewalk level.

I wouldn't recommend that a doctor spend much money to eliminate stairs, but it is something worth keeping in mind in building or renting a new office.

When an old patient refers one of his friends to you, do you send an acknowledgement? A card, or better still, a personal note expressing your appreciation in a few words, is a businesslike courtesy.

—H. S. S.

Everybody's Business

By FLOYD W. PARSONS

THE New York Stock Exchange instead of having accepted its opportunity to render great service to the legitimate business and industrial interests of the United States has become the worst menace within the boundaries of our country. Notwithstanding the desirability in a land such as ours for an organized market where the nation's equities may be purchased and sold, we would probably be better off today without any market at all than the one we have. Its trading machinery is now used in a way that is a disgrace to our American civilization.

The public is in favor of free markets, but it wants the privileges of these markets guarded with such care that fraud, injustice and misinformation are not permitted to creep in. It does not want to be shouldered continually with the losses resulting from dishonesty, incompetence and inexcusable mistakes in judgment perpetrated by financial and industrial interests.

In recent months the officers of the Stock Exchange have made a few gestures in the direction of correcting several glaring evils. For example, certain restrictions have been placed upon investment trusts. But even here there is ground for criticism when a remedy is proposed after upward of a billion dollars of the public's money has been sunk in corporations of this kind. The time to protect investors is before they have lost their savings in speculative ventures that are outside the realm of sound banking.

Unbiased students of speculative and investment practices in the field of corporation securities have urged for years that some curb be placed upon the activities of the in-and-out gamblers who have no concern for anything except rapid movements in stock prices. Such pleas have failed entirely to bring action. Fortunes continue to be swept away by the stock market's convulsions. Exaggerated hopes and fears are the outcome of its machinations.

Critics of current trading methods are regarded by many members of the financial fraternity as economic ignoramuses. Unrestricted short-selling of other people's stocks without their consent is defended. Always there is the same excuse that nothing can be done to prevent people from buying or selling what they please, when they please.

The fact that the retailers of milk cannot dilute

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CURB THE STOCK EXCHANGE

The welfare of 125 million people in the United States should not be sacrificed merely to provide a form of livelihood for a small group of traders."

their product with water, and the manufacturers of foods, clothes and other common essentials must adhere rigidly to quality and truth in merchandising their products, does not appear to arouse any thought that a similar responsibility should be placed upon the governors of institutions given over to the handling of billions of dollars' worth of stocks and bonds.

Men become famous for the exercise of courage and wisdom mostly during times of great adversity. What a wonderful thing it would be if someone high in authority, like the President of the United States, should now take up the matter of stock speculation and tell the complete

truth clearly and forcefully without any regard for political consequences or threats of reprisals.

Let him call attention to the fact that the roofs over our heads would not be secure if the same methods now employed on the Stock Exchange were applied throughout the field of real estate. Some thousands of yells would go up if the Stock

Exchange were closed immediately for the purpose of repairing practices. But these dissenting voices would hardly be heard because of the roar of applause from tens of millions of men and women earnestly praying for an opportunity to rebuild confidence, eradicate fear and get the wheels of industry turning once again.

Perhaps even the great power of the chief executive of the nation would not be sufficient to force action that would give business a short period of relief from the unrelenting attacks on prices. But even if that were true the moral effect would be tremendous, the masses would hail a leader and the way would be paved for [TURN TO PAGE 61]

A Valuable Adjunct to Physical Therapy

in the Treatment of Arthritis and the
Rheumatoid and Neuritic Conditions.

REG. U.S.

FARASTAN

PAT. OFF.

MONO-iodo-CINCHOPHEN
COMPOUND

because of its marked vasodilating and
anabolizing action, supplies the advantage
of prolonging the effects between physio-
therapeutic treatments.

For oral administration.

Write for latest digest of the published work
and full size package for clinical trial.

THE LABORATORIES OF

THE FARASTAN COMPANY

137 South 11th Street

Philadelphia, Penna.

Here's One I Met

COLLECTION AGENCY REPORTEE

By J. B. H. WARING, M. D.

CHAPTER I:

Cleveland, Ohio
October 6, 1930.

Dr. J. B. H. Waring,
7 East McMillan Street,
Cincinnati, Ohio.

Statement of Your Account with
FEDERAL CLEARING BUREAU

Thomas Waldron	Paid to us	\$ 3.60
A. J. Parker	Paid to you	15.00
We owe you		\$ 1.80
You owe us		7.50
Totals	\$ 7.50	\$ 1.80
Less	1.80	

Please send check \$ 5.70

Our check will be enclosed if a balance is due you, and we will appreciate your check if the condition is reversed.

CHAPTER II:

DR. J. B. H. WARING
7 East McMillan Street
Cincinnati, Ohio

October 7, 1930.

Federal Clearing Bureau,
558 Erie Building,
Cleveland, Ohio.

Gentlemen:

I do not at all get the big idea on your statement in regard to A. J. Parker. I explained to you very clearly that Parker had paid me a total of \$15.00 on an account of \$35.50, leaving a balance due of \$20.50; further that this \$15.00 was paid to me long before the balance on the account was ever referred to you. I am sure you do not expect me to pay you a 10% commission on an account that you never had a hand in collecting at any time? Go ahead and collect that \$20.50 worth of Parker account I turned over to you; if he pays you remit me your share; if he pays me I will remit your share.

I note you say Waldron paid \$3.60, with \$1.80 coming to me on him; however, you say nothing of remitting the \$1.80 due me, in five days, etc. Kindly remit. I try to deal fairly and squarely with every collection agency and I want you to deal the same way with me.

Very truly yours,

(Signed) J. B. H. Waring, M. D.

CHAPTER III:

Federal Clearing Bureau, Inc.
Collections Throughout The World
558-561 Erie Building, Cleveland, Ohio
October 16, 1930.
11788

Dr. J. B. H. Waring,
7 East McMillan Street,
Cincinnati, Ohio.

Dear Sir:

AMOUNT DUE US \$5.70

We sent you several statements requesting payment of commissions that were rightfully earned, but you failed to pay.

It is a matter of considerable regret that it will be necessary for us to proceed against you.

It is a pretty poor collection agency that cannot collect its own bills, but we would rather consider this an oversight and will therefore wait ten days for your check to cover the enclosed statement.

Our powers under our signed agreement with you are such that we can make it exceedingly costly for you to withhold our commissions and we therefore urge you to send your check AT ONCE.

Yours for better collections,
The Federal Clearing Bureau, Inc.

TT

(Note—This is a printed FORM LETTER, so evidently these tactics are more or less routine against doctors. TT probably stands for "Ta Ta, Yours for MORE collections.")

CHAPTER IV:

DR. J. B. H. WARING
7 East McMillan Street
Cincinnati, Ohio

October 17, 1930.

Federal Clearing Bureau,
Cleveland, Ohio.

Gentlemen:

Yours October 16th received—11788.

I suggest you read my letter to you of October 7th and read it again until you get the big idea.

By your own statement, you have col-

OVER 50 WAYS TO KEEP A DIABETIC PATIENT HAPPY!

JELLIED VEGETABLE SALAD

(Six Servings)

	Grams	Prot.	Fat	Carb.	Cal.
1 tablespoon Knox Sparkling Gelatine	7	6	—	—	—
1 1/2 cup cold water	—	—	—	—	—
1 1/2 cups hot water	—	—	—	—	—
1 teaspoonful whole mixed spices	—	—	—	—	—
1/2 teaspoon salt	—	—	—	—	—
1/2 cup vinegar	—	—	—	—	—
1/2 cup chopped cabbage	50	1	—	3	—
1/2 cup chopped celery	60	1	—	2	—
1/2 cup canned green peas	60	1	—	4	—
1/2 cup cooked beans cubed	60	1	—	3	—
Total	10	—	12	10	—
One serving	2	—	2 1/2	2 1/2	—

Soak gelatine in cold water for five minutes. Bring to boil water, salt and spices. Pour on gelatine to dissolve it and add vinegar. Strain and set aside to cool. When jelly is nearly set, stir in the vegetables, pour into mold and chill until firm. Unmold on lettuce leaf or shredded lettuce and serve with mayonnaise or salad dressing. Garnish with sprig of parsley or strip of pimiento.

CHOCOLATE PUDDING

(Six Servings)

	Grams	Prot.	Fat	Carb.	Cal.
1 1/2 tablespoons Knox Sparkling Gelatine	20	9	—	—	—
1/4 cup cold water	—	—	—	—	—
2 cups milk	600	14	29	24	—
1/2 cup boiling water	—	—	—	—	—
1 square chocolate grated (1 oz.)	30	4	15	9	—
Pinch salt	—	—	—	—	—
Pinch cinnamon	—	—	—	—	—
1/4 teaspoon vanilla	—	—	—	—	—
1 gr. saccharin	—	—	—	—	—
Total	27	24	23	34	—
One serving	4.5	4	3.8	5.6	—

Soak gelatine in cold water five minutes. Melt chocolate in boiling water. Add gelatine and stir until dissolved. Add milk, salt, cinnamon, vanilla and saccharin. Stir well and chill. When nearly set, beat until frothy, mold and chill until firm. Serve plain or with thin cream or whipped cream.



THE Knox Sparkling Gelatine book of recipes for diabetic patients gives over 50 dish suggestions, two of which are shown above—but they are more than dishes conforming to a diet. They are dishes that help the physician keep the patient on the diet. Knox Gelatine combined with the wholesome foods permitted provides the bulk to satisfy a yearning stomach. The many different dishes give a variation that makes eating a pleasure from the standpoint of looks and taste.

Knox dishes give a patient latitude . . . not

alone because of variation . . . but because Knox Gelatine is the plain gelatine without sweetening, flavoring or coloring. Therefore—it harmonizes perfectly with all the fruits, vegetables and other foods with which it is combined. A ready-prepared gelatin dessert mixture will have as high as 85% sugar—a fact which necessitates that physicians carefully prescribe KNOX Gelatine for dishes that will not violate the most rigid diet. Send for the book, using the coupon provided for your convenience.

KNOX is the real GELATINE

If you agree that recipes like the ones on this page will be helpful in your diabetic practice, write for our complete Diabetic Recipe Book—it contains dozens of valuable recommendations. We shall be glad to mail you as many copies as you desire. Knox Gelatine Laboratories, 440 Knox Ave., Johnstown, N. Y.

Name _____ Address _____ City _____ State _____

August, 1931

43

lected just \$3.60 on my accounts, for which you owe me \$1.80, now PAST DUE according to your 5-day remission idea. This is Waldron. Come across with the \$1.80 you owe me on this collection.

Otherwise you haven't collected so far as I know one single red cent for me and you know it. I told you A. J. Parker paid me \$15.00 on account long before this balance due account was ever turned over to you for collection; and you have the unadulterated brass to come back and tell me YOU COLLECTED the \$15.00 and want me to send you \$7.50 commission on this right away quick.

Any time you can show me you have made any collection for me, you will get your commission right away quick. Likewise, any time you get money on my accounts, why'n't you come across in 5 days also.

Now I am busy and don't intend to waste further good time on this monkey business; you read what I wrote you October 7th and like it; then don't bother me until you are ready to do honest business.

Very truly yours,

(Signed) J. B. H. Waring, M. D.
P.S.—Consider these accounts withdrawn from you immediately upon expiration of time limit you can hold them. No more of you for me.

CHAPTER V:

JACK J. SMITH

Attorney and Counselor at Law
560 Erie Building
Cleveland, Ohio

October 31, 1930.

11788

In re: Commission due
Federal Clearing Bureau, Inc.
Against You For \$5.70

Dr. J. B. H. Waring,
7 East McMillan Street,
Cincinnati, Ohio.

Dear Sir:

My client, the Federal Clearing Bureau, Inc., has placed the above claims in my hands with instructions to commence suit unless you make immediate settlement of commissions due them.

They inform me you have disregarded their requests.

Suit shall be filed to recover the amount due together with court costs if same is not paid by NOVEMBER 10, 1930.

(Signed) J. J. SMITH,
Attorney at Law.

(Note: This is another Form Letter. Jackie's offices seem to be mutual with the Federal Clearing from the office number in same building. Whether Jackie is an honest-to-goodness Member of the Bar, or merely a printed letterhead, deponent knoweth not).

(More Note: Owing to press

of other business duties, and a light sense of weariness over the transaction, this dire ultimatum was ignored; although we slunk back into our easy chair, if any, and silently and trepidaciously awaited the process of being legally drawn and quartered \$5.70 worth plus court costs.)

CHAPTER VI:

The Federal Clearing Bureau, Inc.
558-561 Erie Building
Cleveland, Ohio

December 2, 1930.

Dr. J. B. H. Waring,
7 East McMillan Street,
Cincinnati, Ohio.

Dear Sir:

A feather is not very heavy but have you ever carried a feather bed upstairs? One small account does not burden anyone, but hundreds of them often make a tremendous load.

Besides, a small account may be easily spent in postage and letters before it is paid.

That isn't fair and I know you don't want to appear unfair for the small commission you owe us amounting to \$5.70.

If you have merely neglected to take care of our previous letters, won't you PLEASE PIN your CHECK to this letter and send it in the enclosed envelope now?

Yours truly,

Federal Clearing Bureau, Inc.
(Signed) E. T. Derham,
Treasurer.

(Note: Jackie Smith's threat to LAW me \$5.70 plus court costs evidently suffered a miscarriage, when the intended victim refused to be mulcted. Quite a change in tone on this airy and "feathery" appeal to the victim's sense of unfairness.)

CHAPTER VII:

DR. J. B. H. WARING
7 East McMillan Street
Cincinnati, Ohio

December 3, 1930.

Treasurer, Federal Clearing Bureau,
Cleveland, Ohio.

Dear Sir:

I have your letter of December 2, 1930, 11788, claiming that I owe your company \$5.70 commission.

You talk about being fair and honest; why don't you people try some of the same medicine yourselves? I invite your attention to my communications of October 7 and 17.

What are the facts? You state you have collected \$3.60 from Thomas Wald-



VACCINATE AGAINST SMALLPOX THIS IMPROVED WAY

SPEED and greater safety are brought to smallpox vaccination through the Mulford Improved Capillary Tube-Point—a sterile, sealed vaccine container and inoculating instrument all in one.

This unique time-saving container is ready for immediate use with any of the approved technics—multiple-pressure, puncture, or scratch.

And, of course, it contains Smallpox Vaccine Mulford—another reason for its use. Here is a vaccine which delivers a high

percentage of "takes"...which is uniform and reliable...which always carries assurance of potency and purity, because exhaustive tests are carried out on each lot before release...and which is backed by over 30 years' continuous experience and research. It is a product you can rely on.

. . .

SMALLPOX VACCINE MULFORD is available in the following packages:

Capillary Improved Tube-Points—Single's and Ten's.
Capillary Tubes—Ten's.

MULFORD BIOLOGICAL LABORATORIES

SHARP & DOHME PHILADELPHIA
BALTIMORE

run, on which you owe me \$1.80; but which you have held on to all right.

Now you claim I owe you a commission of \$7.50 on a payment of \$15.00 alleged to have been made to me by A. J. Parker, which minus the \$1.80 due me on Waldron, would entitle you to commissions of \$5.70.

It is true that Parker has paid me a total of \$15.00 on account; but this \$15.00 payment was made many months before I ever referred any of my accounts to you AS I HAVE CLEARLY EXPLAINED BEFORE. I referred you a balance due of \$20.50 on Parker for collection. On this Parker has never paid me a cent; and so far as I know he has not paid you.

Yet you have the unadulterated nerve to demand and to keep on demanding a commission of \$7.50 on \$15.00 paid months before this Balance Due was referred TO YOU for collection. Then your Jack J. Smith writes me you are going to sue me if I don't come right across with that \$5.70 by November 10th.

Well, I am waiting patiently for that SUIT?

You may bamboozle and browbeat some easy mark doctors with such tactics; but they don't go with me. In fact your tactics don't look good to me at all; so much so that I think the best thing for me to do, if you don't come across promptly with that \$1.80 you owe me on Waldron, is to refer this corres-

pondence to the Post Office Department and see if we can't stir up a few fraud order proceedings against your outfit.

If you are honest, act the way honest men do!

Very truly yours,

(Signed) J. B. H. Waring, M. D.

Moral of the above:

LOOK BEFORE YOU LEAP and then look some more. There are collection agencies and there are collection agencies. Some are good; some not so good. Some are honest, fair and square; and of much assistance in collection of certain accounts.

Others are anything but collection agencies; harassment agencies more in fact. Outfits like the above are best ignored; a sheer waste of time and energy; unless, as with the writer, a certain amount of mental tonic is derived from bending a lance now and then in behalf of that fine Lady Fair Play.

What's Modern?

THE builders of a \$6,000,000 apartment-hotel in New York City wanted to fill the cornerstone with objects, which, when the cornerstone is opened by some future generation, will best represent the manners and thought of today.

They consulted artists, writers, musicians, critics—and here is what they selected:

"A Farewell to Arms" by Ernest Hemingway (novel).

"John Brown's Body" by Stephen Vincent Benet (poem).

"Strange Interlude" by Eugene O'Neill (play).

A photograph of Zorach's mar-

ble figure "Mother and Child."

Photographs of Thomas Benton's Murals "America Today" now in the New School for Social Research.

The musical score of "Skyscrapers" by John Alden Carpenter.

A libretto of Deems Taylor's opera "Peter Ibbetson."

A photograph of the Autogiro. A photograph of the Packard town car.

The New Yorker Album (humorous sketches).

A number of current newspapers, on imperishable rag paper.

The inscription on the cornerstone reads: "Dedicated to yesterday's charm and tomorrow's convenience."

S Physicians interested in minimi-
I zing the untoward effects of
O iodine or iodide internally
M administered, are invited
I to give consideration
N to this potassium-
E free organic
 iodide.

Siomine is
 methenamine
 tetra-iodide,
 ($C_6H_{12}N_4I_4$) and
 contains Iodine 78.5%

Council
 Accepted

Supplied in $\frac{1}{2}$ gr., 1 gr.,
 2 gr., and 5 gr. Capsules.

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 in capsule form during or imme-
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Literature and Clinical Samples upon Request

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M. E. 8-31

Please send me test sample of Siomine and literature.

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City.....

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State Medicine

SOME MORE OBJECTIONS

By NAT P. BROOKS, M. D.

THEORETICALLY, State Medicine should appeal to the general practitioner. It displays points of advantage to both patient and doctor. But will these points continue to be displayed if State Medicine were actually put into practice?

Having mulled considerably over this question, I have come to the conclusion that it would not.

This is why:

Twenty-four years ago I started my career in medicine as a mine surgeon on a salary, and followed this work for four years. I then took over a hill ride in the Berkshires as a general practitioner, which work I enjoyed—that is, all of it except the business end. I found that I liked the monthly pay check of a mine surgeon better than doing my own collecting on the hill ride.

In May, 1917, I donned khaki and was in active service until May, 1919, and at that time I had become so fed up with Army life that I was anxious to return immediately to private practice, though I knew I must have a new field where the work would be less strenuous than on the Berkshire hill ride, where I had been so content.

One reason that I disliked the Army work so much was the lack of professional duties. It did not seem as though I had done a real week's work in medicine during my whole two years of Army service. I had been bawled out while with a battalion for keeping some men in their billets under treatment. As Regimental

M.O. my duty was to give only first aid, make snap diagnoses, and see that the cases were evacuated unless they were fit for light duty under field treatment.

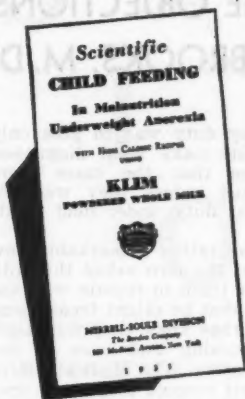
It was rather remarkable how many of the men asked the M.O. to allow them to remain with the unit so that he might treat them, though they knew they would get good nursing and care at the base hospital. The Medical Officer in a unit seemed almost at once to take the place in the minds of most of the men that their family doctor had occupied in civil life. The men had confidence and faith in their M.O. This proves that the family doctor relationship is a force that is not to be ignored.

In May MEDICAL ECONOMICS a writer made the assertion that in Washington many of the officials from civil life avail themselves of medical treatment by Army or Navy surgeons. That is only logical. Washington gets the cream of the medical corps of all the federal services. At an Army post at the beginning of the World War an old corporal made this statement to a group of M.O.R.C. officers, "Gentlemen, I have been in service 24 years and I have never dared to report sick. Now that there are some real doctors coming into the Army I am going sick the first time I feel at all ill for I know I will get real treatment."

In the Army, as in any State system, instead of worrying over

A Successful, New Method of Treating

UNDERWEIGHT, MALNUTRITION and ANOREXIA



Send for
your copy of

"SCIENTIFIC CHILD FEEDING"

THIS booklet presents for the first time a unique method of dealing with a problem common to every physician's practise — *underweight and malnutrition among children, and children who suffer from anorexia, or loss of appetite.*

The chief need of these children is an adequate ingestion of a well-balanced diet. The concentrated dietary offers a valuable method of coping with the conditions mentioned and has been clinically demonstrated as the most efficacious item in any system of treatment.

"Scientific Child Feeding" contains inviting and practical recipes in which the caloric values have been increased

from 25 to 75 percent. by means of the inclusion of Klim Powdered Whole Milk.

The physician may prescribe these recipes in cases of malnutrition, asthenia, or anorexia as he sees fit. A pamphlet, "Reinforced Diet Recipes," containing the recipes without their technical features, is available for physicians to hand to mothers. Blank pages in the back of this mother's edition may be used for necessary written instructions.

Mail the attached coupon for a copy of this helpful booklet. You will find it of inestimable value in directing child diets. Merrell-Soule Division, The Borden Company, 350 Madison Avenue, New York.

Merrell-Soule Division, The Borden Co.
Dept. ME, 350 Madison Ave., New York

Gentlemen: Please send me a copy of "Scientific Child Feeding," together with 6 copies of "Reinforced Diet Recipes" for my patients' use.

Dr.

Address

City State

bills the doctor would have to fuss about paper work. Much of it would seem useless to him and as big a bore as the business end of private practice. He could not ignore it, nor could he let his wife do it as many do with bills in private practice.

Paper work would interfere with scientific work quite as much as collections do in private life. The worry would of course be wiped out but we know that it is good for some in the profession to have some such worry to keep them on their toes. They may be good workers under such urge, when without it they would soon get very fat and lazy in mind and body, knowing that they had a life job on a steadily increasing wage scale.

Everyone who has ever been associated with considerable organization knows that it is impossible to keep it free of such men, and that once in it is extremely hard to get them out for they are expert in knowing how little load they must carry to hold their places.

Very few general practitioners would refuse a fixed salary with regular working hours even if the sum paid was 20% under what their books showed they expected to receive from their private practice. I doubt if any would refuse were the contract like that of an Army officer with steady increase and a pension guaranteed on reaching the year of retirement.

In other words, it may be correctly inferred that the majority of general practitioners would be in favor of State Medicine from the business point of view. The opposition would be very strong from many of the men who have succeeded in a business way through specialization or who expect to do so.

A Federal system would, if it were successful, increase the effectiveness of the minority who lead and direct at the expense of the majority. It would be inevitable in its reduction of the in-

dividuality of the people; it would increase class distinctions. In all the countries where State Medicine has been tried there is a strong class distinction to which the inhabitants have been born. Our increasing industrialism has been creating class distinctions more pronouncedly. Whether it is better to foster and encourage the growth of this depends on where one is located. In the industrial centers there seems to be much in favor. In the more rural and individualistic communities the sentiment is against it strongly and will be with or without reason.

Two of my patients, a man and his wife, recently discussed the English panel system with me. The husband had been in Aberdeen and had seen State Medicine working under the most favorable conditions. His wife, a R.N., had seen something of the bad side of panel practice and was opposed to that system. She had also had some rather unfortunate personal experience with compensation insurance as had her husband.

Both had evidently given the subject considerable thought, and neither would vote for State Medicine, though the possibility of an operation or specialist's treatment for themselves or their family is a source of worry. The idea in the minds of both seemed to be that they would not worry over any disease or accident that could be cared for by the family doctor, and would gladly make a sacrifice to insure themselves against the high cost of specialists, should they become necessary. In other words insure us against the specialist and we will gladly take care of the family doctor.

Here was a mother who knew the benefits of hospitalization in disease. Yet I know that she would not care to hospitalize her children for any ordinary medical condition. I believe she would prefer to have a nurse come into her home to [TURN TO PAGE 57]

HANOVIA QUARTZ MERCURY ULTRAVIOLET for Erysipelas



Technique: Alpino Sun Lamp—third degree erythema at 30 inches decreasing to a minimum of 18 inches. Allow to clear up and repeat. General tonic irradiation are indicated. Kromayer Lamp—second degree erythema with compression. Make sure that surrounding skin is covered, so that treatments do not overlap. Treat daily.

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To Hanovia equipment, used by more than 170,000 physicians and hospitals all over the world, is due in large measure our present clinical knowledge and technique of Ultraviolet Therapy. For twenty-five years, Hanovia has been the leader in the development and manufacture of Quartz Mercury Ultraviolet Lamps.



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Hanovia Quartz Lamps and their application.

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The Doctor and his Investments

By MERRYLE STANLEY RUKEYSER

AN EAR TO WALL STREET After numerous months of oriental fatalism in business, leadership again asserted its belief that men could influence the course of events. This change has brought about an attempted "managed recovery" or rally, which reached its climax in President Hoover's proposal for a debt holiday.

The movement, which was approved by the powers that be in finance and big business, got under way weeks earlier, when the New York Stock Exchange instituted a series of inquiries into the daily position of member firms in respect to short selling.

This nominal fact-finding undertaking was really designed to discourage indiscriminate bear raiding, which had already overextended itself.

The next step in the managed recovery was the reduction by the big Wall Street banks of the marginal requirements on brokers' loans from twenty-five to twenty per cent. This encouragement was soon passed along by brokers to individual speculators in a similar reduction in margin requirements.

Then the railroads, which had been perhaps the chief sufferers from the depression, began to fight conditions and their movement in this direction culminated in a petition to the Interstate Commerce Commission for a flat fifteen per cent freight rate increase.

These manoeuvres, coming at a time when the stock market was technically oversold, had the effect of turning the popular psychology. The better sentiment, however, was soon to be challenged by the publication of adverse corporation reports on earnings for the second quarter of the year.

President Hoover's proposal for a debt holiday, which marks somewhat of a change in position of the administration, was designed to meet the emergency depression situation, which had been menacing the finances of the Central European countries. The first dramatic incident which showed how things were going was the reported trouble in May of the Credit Anstalt in Vienna. This led to misgivings about German finances and induced a flight from the mark. For example, between May 23rd and June 23rd the German Reichsbank reported a loss of 1,075,000,000 reichsmarks. Inasmuch as the American banks had about a billion dollars in short term German obligations, consisting of acceptances and other paper growing out of trade, and also deposits in German banks, the American public interest in the German situation was of course large. Until Hoover acted, the Germans were in a despondent mood.

Hoover's proposal electrified the world because it offered, if not a real way out of the riddle of reparations, at least a breath-

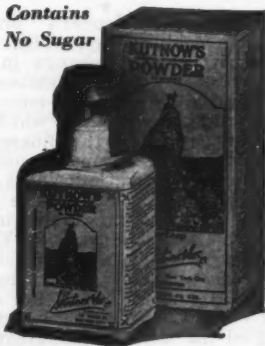
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121 Varick Street, New York, N. Y.

Send me a trial bottle of Kutnow's
Effervescent Powder.

Dr. _____
Address _____
City _____
State _____

I favor the following Drug Store:

Name _____
Address _____

ing spell. The revival of hope in Germany was immediately paralleled by a better feeling throughout the money capitals of the world.

But the gesture of a debt holiday, of course, was not enough.

Purchasing power throughout the world must be restored and business profits increased. Some economists think the way out lies in raising commodity prices, not through artificial valorization schemes, such as have failed throughout the world, but through increasing the demand for products. It is suggested that this should be done through deliberately speeding up permanent construction, both in the nature of public works and private capital expenditures. These activities must depend on bond financing, and any improvements in the general bond market through banking efforts or otherwise are considered steps in the right direction. Accordingly, central banks throughout the world have been doing their bit in charging artificially low interest rates and thus discouraging people from hoarding funds in the banks and encouraging them to invest in bonds.

In connection with the position of the railroads, J. J. Pelley, president of the New York, New Haven and Hartford Railroad Company, and chairman of the special committee of railroad presidents representing the Eastern group, which initiated the movement for rate increases, told me:

"In my opinion, the railroad difficulties are caused primarily by the business depression and we expect a rapid improvement when general business becomes active. Some seem to feel that the railroads' troubles are caused by the increasing competition from other agencies and that the railroads will never again be the same, but it should be remembered that buses, trucks, water-

ways, pipe lines, etc., were all in existence prior to the depression that started in the latter part of 1929.

"From such data as are available, these competing forms of transportation have had their own troubles during the past two years. In our view, the railroads' place in the transportation scheme, so far as the handling of mass transportation is concerned, is secure, because no other agency or combination of agencies can handle the freight traffic of the country at rates producing substantially 1 cent per ton mile. Similarly, for long distance passenger travel and the concentrated morning and evening movement out of the cities, the railroads should hold their own.

"However, the competition of other agencies plus changing business practices requires a faster and more complete service than formerly. In my opinion, the railroad companies should become general transportation companies, the railroads being the backbone but utilizing buses and trucks, water lines and air service if the public desires it, i.e., such combinations as are necessary to provide a complete transportation service. We agree that your proposal is economically sound. Some additional legislation is necessary to facilitate this result, which the New Haven and the railways generally are endeavoring to obtain."

Unquestionably, when the real turn comes, much pent-up demand for intermediate products, such as automobiles and homes, will be released and deferred business projects will be undertaken. Shortly after the rally that followed President Hoover's announcement, the leading country clubs and fashionable resorts around New York reported increased patronage.

As C. F. Kettering, research head of the General Motors Com-

The Most Recent Advance in the Treatment of Essential Hypertension

THE latest scientific work on the treatment of essential hypertension is the introduction and wide acceptance of potassium sulphocyanate.

Sharing largely in the responsibility for this new method of treatment is

ARTEROCYN

because it presents this highly effective agent in a convenient and palatable form for clinical use.

An extensive background of clinical experience testifies to the value of potassium sulphocyanate as presented in ARTEROCYN, because

- (1) It produces definite results in most cases.
- (2) It is virtually nontoxic.
- (3) It is conveniently administered.
- (4) It has prolonged effect.

ARTEROCYN is a stable elixir containing $2\frac{1}{2}$ grains of potassium sulphocyanate to each fluidram, but is without opiates or sugar.

ARTEROCYN is administered in a full glass of water after each meal. The dosage varies from $\frac{1}{2}$ to 2 fluidrams, according to the condition and need of the individual patient.

Full literature describing the use of ARTEROCYN will be sent to you, together with a supply for clinical test, on request.

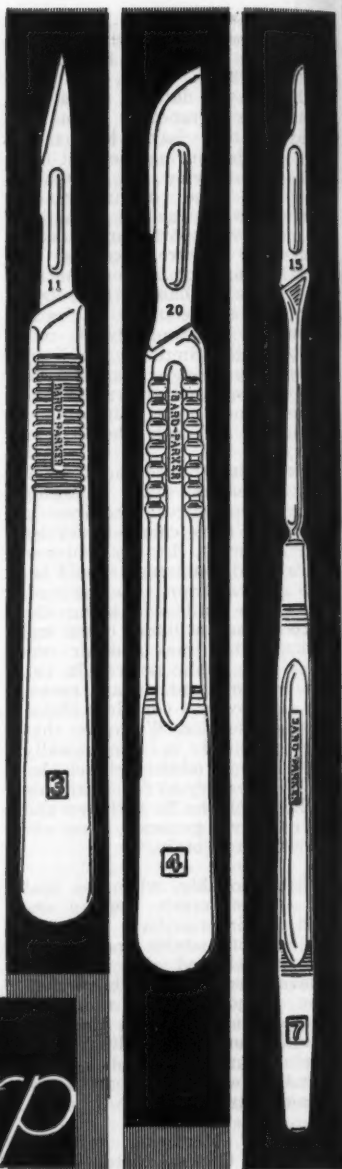
Have you received your copy of the new booklet "The Treatment of Hemorrhage," which tells how to use Ceanothyn—the coagulant for oral use?

Flint, Eaton & Company
Laboratories
DECATUR, ILLINOIS

From three types of Bard-Parker handles and nine patterns of detachable blades, the surgeon may choose the proper combinations to meet his individual requirements. The handles last a lifetime. The razor-sharp blades, easily replaced in a few moments, eliminate the necessity of constant sharpenings.

PRICES: Bard-Parker handles—\$1.00 each. Blades, six of one size per package—\$1.50 per dozen.

BARD-PARKER CO., INC.
369 Lexington Ave., New York



It's Sharp

pany, recently pointed out, business needs the stimulant of new ideas. Walter Chrysler, who has been a leader of fashion in the automotive industry, recently sought to give a new impetus to buying through contributing a new idea in the form of a "floating" engine.

What to Buy for Returning Prosperity

IN considering securities that are sensitive to returning prosperity, the average lay investor immediately turns his attention to common stocks. But in the usual sequence of economic events second and third grade bonds usually are favorably affected before common stocks.

Until the rally precipitated by President Hoover's proposal for a debt holiday, second and third grade bonds, which are the bonds put out by the ordinary business corporation, had not shared in the price advance which bonds of the very highest grade—United States Government issues, state and municipal bonds—enjoyed. The latter bonds and the underlying bonds of the strongest rail and public utility corporations, responded to the decline in interest rates.

During the period of reaction the frightened public in a somewhat hysterical spirit wanted none but the very finest bonds, thus competing with their investable funds with the savings banks, trustees and life insurance companies. As a result, second and low grade bonds became undervalued relatively to gilt edged issues.

Unlike bonds of the highest grade, second grade bonds fluctuate not only inversely to the course of interest rates but also in accordance with the rise and fall of profits of debtor corporations. Accordingly, any marked improvement in the financial position of the issuing corporations would in time be reflected in better prices for their bonds.

In some cases the sacrifice of corporation bonds has been unreasonable. Sound bonds have been in some instances thrown overboard. Accordingly, in numerous instances such bonds are greatly underpriced if the common stocks of the same corporation are not overpriced at prevailing quotations.

Numerous economists, including John Maynard Keynes, think that with commodity prices on a lower level bondholders will for a period of years have their innings.

The well advised investor accordingly can find numerous bargains in second grade corporate bonds and in some foreign gov-

CITRIN CAPSULES

(REGISTERED TRADE MARK)

INDICATED in the treatment of High Blood Pressure.

NATURE OF DRUG: A Glucoside from Watermelon seed.

PHYSIOLOGICAL PROPERTIES: A vasodilator slow in action, prolonged in effect. Non-toxic, non-cumulative and shows no tolerance.

TABLE ROCK LABORATORIES, Inc.
Greenville, S. C., U. S. A.

*Samples and Literature
on Physician's request.*

Clinical Advantages of the Colloidal Antacid

THERE is only one antacid that acts colloiddally, i. e. by colloido-chemical absorption as distinct from chemical neutralization. That one antacid is ALUCOL, a Colloidal Type of Aluminum Hydroxide. The advantages of ALUCOL are as follows:

1. It reduces free acidity to a minimum consistent with continued peptic digestion and causes prompt cessation of subjective symptoms.
2. It is non-toxic, non-habit forming.
3. It cannot produce an alkalosis or systemic alkalization.
4. There is no rebound and more pronounced rise of acidity often observed after alkaline medication.
5. The colloidal "gel" formed in the stomach by the combination of ALUCOL and HCL spreads itself over the stomach wall where it has a soothing and protective effect on the mucous membrane.

ALUCOL

(COLLOIDAL HYDROXIDE OF ALUMINUM)

Every physician interested in antacid therapy is urged to write for a trial supply of ALUCOL and full information.

Use Coupon Below

THE WANDER COMPANY,
180 North Michigan Avenue,
Chicago, Ill.

Dept. M.E. 8

Please send me, without obligation, a container of ALUCOL for clinical test, with literature.

Dr. _____

Address _____

City _____ State _____

ernmental obligations.

Another type of security which is sensitive to returning prosperity is convertible bonds which combine the safety of a bond with the possibilities of appreciation of a common stock.

Of course, in percentage ultra-deflated common stocks can be expected to have the sharpest upturn, provided buoyant prosperity should return.

Unlike the speculator, who is willing to stake his future on a hunch, the investor will find his best interests served by a balanced investment diet, consisting of bonds of various grades, common and preferred stocks, rather than a lopsided diet consisting either entirely of stocks or entirely of bonds.

State Medicine

[FROM PAGE 49] help her rather than have any of her children go to a hospital. Her husband would have to be dragged to a hospital after his army experience with such. This couple is perhaps exceptional, but I am positive it would take at least a generation to get the people of the country hospital minded sufficiently to make it successful from an economic point of view to have all cases hospitalized, as was done in the Army during the war.

It seems rather ridiculous to argue that hospitalization for the usual conditions that the general practitioner treats in the home would be more economical than the present system. We all know how seasonal disease is. To maintain hospital accommodations to properly care for the peak load would mean maintaining an institution that would not function more than 75% of its capacity for the year. If as some authors argue we should take Army standards as guides, how can it be claimed that we in the United States would be satisfied with fewer physicians when the English Army tables show one physician to less than 500 men in the field units. The English Division in 1916 was 18,000 strong and had on its roster as a division 42 medical officers.

The effect of moving ill persons to new quarters under strange nurses where they feel like strange guests in many instances seems to do more harm than the good added scientific care brings to them. Again and again we meet patients home from a hospital who will tell their family doctor, "Now that the operation is over we expect you to get us really well."

This is not a slam at the surgeon, but merely the reaction of pleasure of the individual at getting home. In this we have the core of the matter. In any community where the home has a meaning to the individuals the

THE THERAPEUTIC EQUAL OF OPIUM

But Minus Opium's Disadvantages, is the
Description That Best Fits

PAPINE

(BATTLE)

The Most Satisfactory Anodyne

The indispensable pain-relieving principles of opium have been retained in Papine, but the narcotic and convulsive elements have been eliminated, which feature justifies the superior advantages claimed for Papine.

BATTLE & CO.

Chemists' Corporation, St. Louis, Mo.

Detoxification in Medicine



DETOXIFICATION is the logical treatment in many diseases of the intestinal tract.

The detoxifying effect (the ability of a product to render pathogenic organisms non-pathogenic and to detoxify their toxins) of Soricin (purified sodium ricinoleate) was first used with brilliant success in dentistry in the treatment of pyorrhea, Vincent's angina and other mouth infections.

For over three years intensive research, clinical and laboratory, has demonstrated the effectiveness of Soricin in disturbed pathological conditions due directly or indirectly to absorption of toxins from the intestines.

Soricin rapidly detoxifies many organisms in the enteric flora, prevents absorption of toxins

from the intestines, and consequent development of secondary infections. It is indicated in the treatment of certain types of mucous colitis, so called autointoxication, and rheumatic and arthritic conditions arising from intestinal toxemia.

An ethical therapeutic agent of real value, based on scientific research, biochemical test and control, clinically proven—it is effective in the treatment of intestinal toxemias of long standing which have failed to respond to previously accepted methods of treatment.

We would be glad to send you, free of charge, a supply of Soricin Capsules for trial, together with detailed information and clinical reports. **THE WM. S. MERRELL COMPANY, CINCINNATI, U. S. A.**

physician will get better results treating his patient in the home with less scientific accuracy, than can be secured in a hospital for many common conditions.

There is much to attack in our therapeutics. There are so many drugs to choose from that no man can master the use of all. Each general practitioner becomes familiar with those he elects to use; he is seldom hidebound to the extent of forgetting all the others and is ready to use them where the results from his usual line are not satisfactory. A colleague in the same town may use a different set. The results are equally good.

Both will in some instances be using a drug that according to the chemist and the laboratory worker is inert and unscientific. Whether it gives results purely from the mental reaction I do not believe it is possible to say. It is not scientific golf to use a putter except on the green, but some players do and thereby win their holes and there you are! A rigid adherence to a single line in medicine as in any other pursuit retards progress and individuality.

For a great many years the family doctor has been doing a lot of very excellent psychoanalysis, though it has never occurred to most that what they have been doing deserves any such awe-inspiring title. The willingness to sit and listen to troubles domestic, business, moral, as a kindly

friend, is a necessary part of the general practitioner's routine.

There are many who cannot see how State Medicine and the family doctor can both exist in one community.

It is extremely rare to find any industrial, fraternal, or governmental group the members of which must consult a designated physician, in which all are satisfied.

Then again, under the present system of private practice the general practitioner's working hours are variable. It is part of the game to learn to work spasmodically. It is difficult for a man of orderly routine habits to adjust himself to the irregular 24-hour day of the family doctor. Unless a man can do so he loses part of his efficiency.

Human nature does not seem to be built to accept such an irregular working schedule on a fixed salary basis except possibly in a time of great stress when the whole community is affected. All the physicians who went from private practices of several years standing into the Army noticed this. It caused a certain amount of friction wherever regular Army officers and the reserve M.O.s were working together.

I believe the vast majority of the people as well as the physicians desire the continuation of the fee system if certain workable modifications can be worked out to make good specialists available to the smaller salaried

A vegetable tonic Laxative

FOR HABITUAL CONSTIPATION

Especially valuable for aged people and those of sedentary habits. They act gently and do not gripe.

Cascara Comp. Tablets

KILLGORE'S

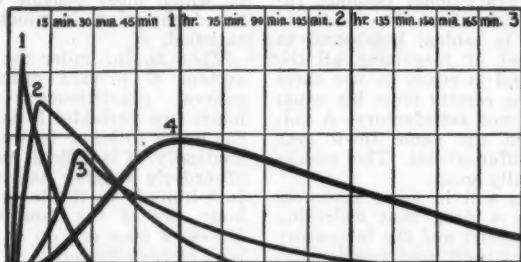
Liberal Sample and Formula on Request

CHARLES KILLGORE

57 West Third Street

New York

Angina Pectoris



Relative reduction of pulse tension produced by

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|------------------|--------------------------|
| 1. Amyl Nitrite | 3. Sodium Nitrite |
| 2. Nitroglycerin | 4. Erythrol Tetranitrate |

Erythrol Tetranitrate Merck

*An effective vasodilator for the
treatment of angina pectoris
and conditions of hypertension*

MERCK & CO. INC.
Rahway, N. J.

man and the wage earner, on the fee system.

I believe State Medicine will injure the individuality of both patient and physician.

I know that the trained observation of the general practitioner has added much to medical knowledge.

The home means much to most people. General Hospitalization is the logical scientific goal of State Medicine, and this interferes with one of the most intimate functions of home life.

A fixed salary scale does not tend to increase individual effort.

Federalization tends strongly to curtness, take or leave it abruptness, even arrogance.

It is for these reasons that I believe State Medicine must fail in this country.

Everybody's Business

[FROM PAGE 39] the removal of an evil that has carried American trade and industry periodically to absurd peaks of inflation and depression.

Of course, any effort to close the Stock Exchange would meet the objection that many people would be thrown out of employ-

ment and bootleg markets would spring up. All kinds of calamity as a result of such action would be predicted. But let no one forget that the results of keeping the Stock Exchange open this past year have been anything but constructive. It is difficult to imagine that the elimination of legalized raids on values would hurt business more than it would help it. The Stock Exchange was closed in the early part of the World War without unfavorable consequences.

Faced with the threat of either having to close its doors or introduce real major reforms, such as the restriction of short selling, it is safe to say that the Stock Exchange authorities would choose the latter course, with lasting benefit to the public. For the American people to sit hopelessly lamenting their inability to prevent the deliberate destruction of property values, the undermining of confidence, the multiplying of pessimism and the throttling of consumption, is to exhibit a spirit that is no credit to our cherished traditions.

A lot of people are commencing to speak out. Melvin Traylor, president of the First National Bank of Chicago, declares that industry is paying entirely too great a price for the maintenance of a free market for securities and commodities.

Mr. Traylor urges consideration of the complete abolishment of floor trading by professionals,

Physicians Prescribe

BROMO ADONIS

in DISEASES of the NERVOUS SYSTEM

Bromo Adonis No. 1

When symptoms of nervous irritability make their appearance, as in Hysteria—Nervous Indigestion—the Menopause—Insomnia, and as an adjunct in Petit Mal Epilepsy.

Bromo Adonis No. 2

is used with lasting and satisfactory results in obstinate cases of Epilepsy and where a potent sedative is indicated.

Check the preparation desired, for free sample

TUCKER PHARMACAL CO.

(7)

221 E. 38th St., New York, N. Y.

Increasing the Child's Weight



Too often, it seems, the very foods which are so abundant in vitamin and mineral elements are those which the average child finds distasteful. That is why Ovaltine—the delicious Swiss food-drink—is proving so valuable in the treatment of undernourished and underweight youngsters.

You will find that the children respond very quickly to Ovaltine—because they like it and do not consider it a medicine. It is especially recommended for between-meals refreshment, because it actually aids in the digestion of other foods.

And for the older patients—Ovaltine is just the right drink before retiring.

Let us send you a regular size package of Ovaltine for trial in your own home.

OVALTINE

The Swiss Food-Drink

*Manufactured under License in U.S.A.
according to original Swiss Formula.*

THE WANDER COMPANY,
180 No. Michigan Avenue,
Chicago, Ill.

Dept. M. E. 8

Please send me a regular size package of Ovaltine, FREE.

Dr.

Home Address

City State

for the reason that this practice now resembles plain crap-shooting. He points out that when the total capitalization of a corporation is traded in once a week, or from five to thirty times in the course of a year, the sales are not made for the account of one who owns and wants to sell. Neither are the purchases made for those who desire to buy and actually receive the securities. The welfare of 125 million people in the United States should not be sacrificed merely to provide a form of livelihood for a small group of traders owning or representing memberships in the New York Stock Exchange.

The Chicago banker further pointed out that this country cannot afford the ruin of people of small means, such as has taken place in the last 18 months. It is bad enough when the intelligent and wealthy speculate and lose, but when scrubwomen, day laborers, small home owners, wives and youths speculate and lose, simply because they can go to a broker's office and get credit for small sums, the practice ceases to be defensible on any ground. We may be sure that Mr. Traylor, a past-president of the American Bankers' Association, did not speak hastily, nor merely for himself alone.

Among others of the representatives of the forces of legitimate finance and business who have taken time to go to Washington and plead with the powers of

government for action that would result in Stock Exchange reforms is A. S. Brown of the State Street Trust Company in Boston. Mr. Brown urged Mr. Hoover to make an effort to remove some of the evils of stock-trading methods, especially short-selling.

This banker showed Mr. Hoover letters from life insurance companies disclosing the great increase in suicides caused by financial losses in the stock market. His appeal for remedial action was signed by hundreds of architects, engineers, contractors and others connected with the building business.

Many of the great upheavals of history have resulted from the mistaken attitude of those who have regarded primary national evils as incurable. The liquor industry might have saved itself and the nation a great deal of distress if it had promptly noted the trend of public opinion and taken steps immediately to clean up its own house. Persistent refusal on the part of people in control of any questionable practice to correct abuses always results eventually in the development of a reform movement that ignores guidance and runs to an unreasonable extreme.

It is time we recognized that the present is an age of revolution. The world at large is in a state of social, industrial and political upheaval. Armies, navies and forces of police, in a period of serious unrest, are frequently

MICAJAH'S

SUPPOSITORIES

are astringent soothing, styp-tic, and non-irritating. Stop bleeding and allay soreness. Contain no narcotic agent. In cases of

HEMORRHOIDS

their use is urged by years of success.

MEDICATED

WAFERS

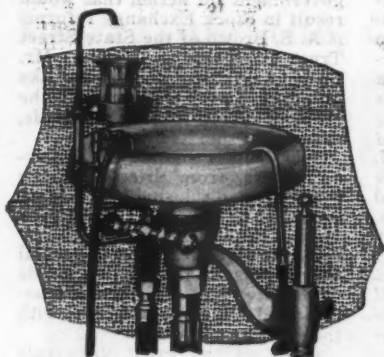
In cases of irritation or inflammation of the vaginal tract, hypersecretion, catarrh, tissue relaxation, tenderness Micajah's Medicated Wafers provide definite superiorities over fountain syringe and vaginal douche. ASTRINGENT, SOOTHING, TISSUE-SHRINKING. Have established successful record in cases of

LEUCORRHOEA

Samples and literature to physicians on request.

MICAJAH and COMPANY

194 Conewango Street, Warren, Pa.



NEW

Series 30

Completely equipped with drinking glass and saliva ejector features. Available in portable stand or pedestal models, and for attachment to chairs or the wall. Chromium plated fittings throughout.

Consider your Cuspidor

—patients have to do so!

Your cuspidor is the only equipment in your office which patients use more than you do—and they use it in a far more intimate way. The homely, utilitarian service it renders is in itself an excellent reason why this part of your equipment should be as attractive as possible.

If your present cuspidor has begun to show its age, donate it to some clinic where appearance is of less importance—and put a new Pelton in your own operating room.

The complete line of Pelton Cuspidors includes a model exactly suited to your requirements. There are types for chair or wall attachment, on portable stands, and with permanent pedestals. Each is trimmed in rust-resisting chromium, and is available in colors to match the rest of your equipment.

The coupon below will bring an illustrated booklet with complete details and prices, without obligation.

THE PELTON & CRANE CO., Detroit, Mich.

PELTON Surgical CUSPIDORS

Dr. _____

Address _____

powerless in the face of the spread of a popular idea.

We are tired of crooked judges who spend their mornings serving the interests of gangsters, and then employ their afternoons in hoisting American flags at dedication ceremonies and making flowery speeches about the glory of patriotism.

If the organized forces of law and order throughout America are unable to cope with the growing army of gamblers, crooks and criminals that now pervade practically all walks of life, then our loyal citizens will be compelled to organize vigilance committees and return to the ways of yesterday in order to improve the nation's moral standard, eradicate exploitation and raise life and business to a level of safety and prosperity.

This problem is so very important right now that I will greatly appreciate receiving from readers their opinions on the subject. What are the best steps to take to bring about immediate and unified action?

Popularizing a Medical Building

[FROM PAGE 23]

whole continent to equal it. As an example of modern scientific efficiency, it has no rivals. Montreal may well be proud of her architects and engineers."

Thirty-eight insertions, placed in two Montreal newspapers, constituted this campaign to make the public acquainted with the location and advantages of the Drummond Medical Building.

On the other hand, the physicians were also approached directly in a separate campaign consisting of letters and circulars which ran in this vein:

REVELATION TOOTH POWDER



is an absolute cleanser and if your tooth brush is not clean your dentifrice is not a cleanser.

A clean tooth brush is as essential as clean teeth.

Send your professional card for full size can of Revelation and literature without charge.

August E. Drucker Co.
2226 BUSH STREET, SAN FRANCISCO

Hay Fever

FREE BOTTLE—Because



of the water soluble base and tissue fluid soluble active ingredients, EFEMIST affords maximal ephedrine action. Does not irritate..... patients appreciate the pleasant, instant relief. We want you to prove to yourself the efficacy of EFEMIST.

Send for Free Bottle—NOW

Hart Drug Corp.,
35 S. W. 2nd St., Miami, Florida
Please send me FREE bottle of EFEMIST.

M.D.

The Standard Effervescent Saline *since 1895*



SINCE 1895 Sal Hepatica has been the approved laxative and cathartic for flushing the intestinal tract and for promoting internal purification, without creating a condition of tolerance.

It is also the ideal treatment to alkalize the system. It is efficient, palatable, reliable and a preparation that the practitioner can well recommend. We will gladly send you samples for professional use.

Sal Hepatica

MEMO to my assistant: Send to Bristol-Myers Co., 75 M West St., New York, for a professional sample of Sal Hepatica (gratis).

Name _____ M. D.
(Please enclose card)
Street _____
City _____ State _____

"Dear Sir:

A medical man invests a great deal of time and money in himself during the course of training. After training, there follows a period of becoming established, with a further investment of time and money. When the time of harvest comes, it is well that it should be a good harvest. It is only reasonable to make use of every factor that makes for success.

Given training and skill, location is perhaps a dominant success-factor. Location must be such that people come readily to it. Difficulty of access, or difficulty of parking always militate against prosperity. It is also well established that grouping leads to an increase of practice.

The Drummond-Medical offers a location which will never be excelled during our generation. It is situated between the two uptown traffic arteries, in a section which is developing into the quality retail district. The area between Peel, Sherbrooke, Guy and St. Catherine has recently been the site of forward-looking buying operations by real estate syndicates both Canadian and American. It is the future Mayfair of Montreal.

It offers all the factors that make for success—including rigid exclusiveness.

We shall be pleased to show you the building, without obligation... and even to put up dummy partitions to show you how economically a suite can be arranged.

Yours very truly,

Drummond-Medical Building
P.S.—We have arranged to give tenants parking privileges at extremely low rates, and to allow their patients to park during treatment without charge."

The campaign was all the more remarkable for its candid discussion of some phases of the economics of medicine. This letter, for example:

"Dear Sir:

Before you open the rest of your

mail, look just for a minute into your future.

You have probably thought fairly definitely about the next two years. You can see a steady increase in income. But what of 1933—and 1934? What of five years from now?

Have you ever heard of practice, beginning mysteriously to fade away, just when it **SHOULD** be getting really profitable? Have you ever thought of yourself in 1934, still in your present office, finding people passing you up because they think you are behind the times... going possibly, to competitors who are far less skilled, just because they are located in a modern building?

The public is getting more and more impressed with the facts that medicine is progressing very rapidly; and you cannot blink the fact that the public expects a man who keeps up-to-date to be in an up-to-date building.

Lack of courage to face facts often robs the future of its full rewards. Lack of enterprise... the lazy feeling that things are all right for the present... often involves a thinning appointment book and a decreasing income.

It would be sad to realize one day in years to come that if only you had moved to the Drummond-Medical Building, when you could get in easily, you would have been much better off.

The Drummond-Medical was built for the future. It is ahead of its time today. It will stay modern. It has provision for increasing its facilities, mechanical and otherwise, for the time (two or three years ahead), when science has brought more apparatus to the hand of the medical man.

You ought to be in it... if you value your future.

Yours very truly,

Drummond-Medical Building."

Which is how one medical building was successfully popularized, and accordingly, protected as an investment.

ANGIER'S EMULSION

A SOOTHING, ASEPTIC AGENT FOR HOT WEATHER
INTESTINAL DISORDERS

Fermentation and putrefaction are controlled

—Evacuation regulated —Digestive Processes Improved
—Irritation soothed —Normal Condition quickly restored

Trial bottle on request.

ANGIER CHEMICAL COMPANY

BOSTON, MASS.

Literature and Samples »

PEPTIC ULCER: This interesting and valuable booklet has been mailed by its publishers to all physicians in the United States. If you didn't receive your copy, or want an extra one, write: The BiSoDol Company, New Haven, Conn.

DICITURIN: For a report on 400 cases of high blood pressure treated with Diciturin (Potassium Acetyl Citrate), write to Chemico-Biologic Laboratories, 150 Nassau St., New York.

STAPHYLOX: A leaflet compactly describing the use of metallic tin in the treatment of boils, carbuncles, acne, etc. Write: Flint, Eaton and Company, Decatur, Ill.

FEMININE HYGIENE AND THE PHYSICIAN: A booklet reprinting an article by Winfield Scott Pugh, M.D., and including a description of Marvel products. Write: The Marvel Company, New Haven, Conn.

CITRIN CAPSULES: Samples and literature of this product, for the treatment of high blood pressure, are offered physicians by the Table Rock Laboratories, Inc., Greenville, S. C.

DEVELOPING, PRINTING AND ENLARGING LEICA PICTURES: The Leica is the only camera of its kind in the world, and has taken part of the photographic world, both amateur and professional, by storm. This authoritative and detailed booklet was prepared by the Leica Research Department, and is available by writing E. Leitz, Inc., 60 East 10th Street, New York.

TREATMENT OF VARICOSE VEINS BY THE INJECTION METHOD: A booklet of references to the more recent literature. Write: The Lakeside Laboratories, Inc., 1823 E. Windsor Place, Milwaukee, Wisc.

CATALOG OF SPECIALTIES: A 128-page alphabetical list of pharmaceutical and biological specialties, with a description, indications, and dosage of each. Write: Abbott Laboratories, North Chicago, Ill.

COLLOIDAL MERCURY SULPHIDE-HILLE: An eight-page circular telling what it is and what it does. Write: The Hille Laboratories, 110 North Franklin St., Chicago, Ill.

PYRIDIUM: A 30-page booklet describing the clinical application of Pyridium in four convenient forms (tablet, powder, solution and ointment) in urinary infections, is just off the press. Write: Merck & Co., Dept. M.E., Rahway, N. J.

CAPROKOL: A booklet giving case reports, general information, and literature references on Caprokol (Hexylresorcinol, S & D) in urology and genito-urinary surgery. Write: Sharp & Dohme, Baltimore, Md.

A BIOGRAPHY OF IODEIKON: An illustrated 44-page booklet on cholecystography, with a three-page bibliography, and including technique for intravenous and oral administration for gall-bladder diagnosis, is offered physicians by the Mallinckrodt Chemical Works, St. Louis, Mo.

Speaking Frankly

[FROM PAGE 7] assessor do not check up with the information that they give you privately. The incomes of the medical profession in your statistics are considerably higher than those indicated by the tax returns.

On the sixth of January of this year, I completed twenty-five years of practice, and made a statistical survey of my own earnings during the past twenty-five years. Ever since I was fourteen years old, I had to earn my own living. That was immediately after the death of my father. I developed the habit at that time of keeping a record of every penny that I earned and spent.

One thing that I learned very soon after I had begun to practice was that it did not pay to cater to patients in the dead-beat class. Everyone of them was a potential knocker of the quality of the services that were rendered by the physician. They criticised the services given to them as a sort of extenuation for not paying their bills.

Occasionally a physician treats them because it fills his office and gives pay patients the impression that he is a very successful practitioner because of his large practice. That kind never found a welcome in this office.

During the past twenty-five years, I have collected 94.81-plus per cent of all booked business, 2.924-plus per cent was charity and 1.929-plus per cent was lost or uncollectable accounts. My average business during the past twenty-five years has been \$5110.-47541 plus. The average collections per year were \$4535.29708 plus.

On the 1st of January, 1931, there was, on the ledger, classed as good and doubtful accounts, \$7,896.32. Classed as uncollectable, there was \$2367.67. That is

the accumulation of twenty-five years of practice. I have never thrown an account away. Bankers and business men tell me that that record is extraordinary and that that ratio of collections does not apply to ordinary business.

William F. Zierath, M.D.

Protection

TO THE EDITOR:

The article by Dr. Lake, "A Medical Society That Gets What it Wants" contains a report that should be of interest to every physician in the United States.

We wish to call your attention to the fact that the Medical Society of the State of Washington also gets what it wants in the State Legislature and does not get anything that it does not want.

The Public Health League of Washington, created by physicians who realized the necessity of legislative and other economic protection, and financed almost entirely by voluntary subscriptions from members of the State Medical Society, was organized in 1920, and since that time not one legislative proposal opposed by the League has been enacted into law. It is true that the politicians in the 1921 session laughed at the League's legislative representative and told him that the doctors organization could not amount to much inasmuch as the doctors never worked together and did not, in fact, know what they wanted.

At that session the legislature passed and the Governor signed a bill sponsored by the Christian Scientists which would have exempted certain children from health examination in the schools. By means of the referendum this bill was referred to the vote of the people and after an eighteen months' educational campaign the measure was overwhelmingly defeated. Since that time no anti-health measure has been passed



A Therapeutic Food Which Combats Intestinal Poisons

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by our legislature.

One year before the League was organized the legislature had provided for separate examination boards for chiropractors, sanipractors (akin to naturopaths) and osteopaths. Immediately the state was flooded with these drugless practitioners and a sanipractic diploma mill was doing a thriving business selling diplomas from \$3.50 to \$600 or what have you. Upon presentation of these diplomas many licenses to practice were issued. This diploma mill was closed by order of the court, a large number of licenses fraudently obtained were revoked, higher educational standards have been set up, which makes it very difficult for a cultist to acquire a license.

There were however, before these standards became effective, almost one thousand drugless practitioners, and these "healers" make an active and concertive effort during every session of our legislature to increase their privileges and tear down all existing standards.

There is also in this state an energetic anti-vivisection society and we have more than the average number of ever-vigilant and militant anti-vaccinationists.

By taking an active interest in the state elections, opposing candidates whose records have shown them to be anti-medical and giving assistance to those whom we know to be sound on health matters, we are able to influence largely the personnel of our legislature which accounts to some extent for our legislative success. We encourage physicians to become legislative candidates and give them every possible pre-election assistance.

The physicians of this state feel that never again can they afford to be without legislative protection.

Helen Wilcox, Secretary,
Public Health League of
Washington.

new books

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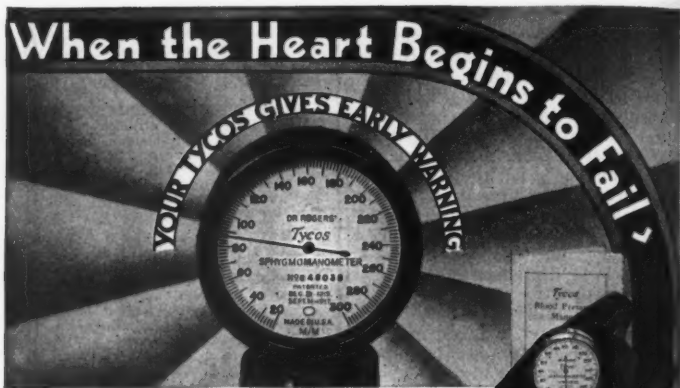
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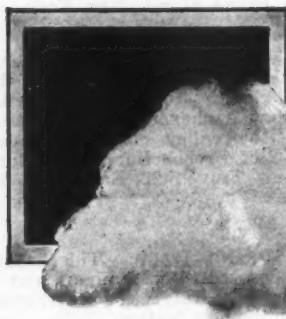
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ME 8

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Nurse Problem

[FROM PAGE 32] tress, there are people who are irrationally prejudiced against having "a stranger" take care of them, or who merely "don't want" a nurse.

The present situation is beginning to look more like a shortage of work for the private duty nurse than a shortage of nurses. We all want the nurse when we want her, but we hardly ever stop to think of what happens to her between the time she says goodbye, and the time weeks, perhaps months, later, when she appears on the scene once more in answer to a hurry call. The nurse out of work is not an obtrusive person.

Figures gathered by the Grading Committee in 1927 already showed a picture of many nurses out of work, in a time of general prosperity. That picture is now gloomier, because of the current economic depression, and because the number of nurses actively practicing is larger. This year alone, more than 28,000 will be graduated from the training schools, the majority of whom will enter the private duty field.

The typical private duty nurse works for pay only seven months out of twelve, and gives one month of service free. Her income for the year is about \$1300, with a range of nothing a year for some nurses, to the \$3,600 that one nurse made. More than one out of ten may be out of work in a week even of heavy sickness load; and thirty-six out of one hundred, too sick to work one day a week.

Continued low income and unemployment are bad for any body of workers. Morale is broken, standards lowered. A sound economic basis is the first condition of good service to the community for any group, I think most people would agree.

Nurses do like the big cities, but not only because of the

bright lights. The big cities harbor the big hospitals, for one thing, and these are centers of

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Dosage:

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Three tablets, four to six times
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employment, as well as of professional growth. The basic reason for a lack of graduate nurses in some rural communities is the one that sometimes creates a problem of getting good doctors in these same regions—the lack of a sufficient economic demand for their services to assure them a good living.

Many doctors are beginning to feel that nurses' hours are too long, for the good of the patient, as well as of the nurse. We know now that overwork, long hours, and lack of recreation are enemies of good work in any field. The problem of nursing care for their patients the clock round, however, still looms larger to some doctors, and they are inclined to complain, "Nurses don't want to take 24-hour duty."

At present, two patients out of three, in towns of under 10,000 population or less, are likely to want—and get—twenty-four hour duty nurses. In the big city, it

has dropped to one in four. A little less than half, or forty-four percent, of all cases, are still likely to have this type of service.

Some cases actually demand continuous nursing care twenty-four hours a day. On all cases, the doctor feels happier when he knows a competent nurse is on the look-out at all times for changes in the patient.

But what does twenty-four hour duty mean to the nurse? If the case is a really hard one, how long can she stay on it? Good nurses often refuse to take time off during the afternoon, if it means leaving a critical patient in doubtful hands. Yet a tired nurse, in spite of all her good intentions, cannot for long be at her best.

On the other hand, just "sitting around" irritates a good nurse. When the patient requires little actual care, she is bored at having nothing to do. Nurses would

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Confidentially Speaking— there's a job to be done

GRANDMOTHER Peyton Pillaster "Kootchy-Kootchy Kooes" at the nursing infant; Aunt Agatha lends untutored advice in a superior manner; an inexperienced, hysterical mother coaxes and struggles in a labyrinth of calories, vitamins, age and weight tables, general "standards", and blind determination—and forces down the last bitter drop from a graduated nursing bottle—each gurgling bringing "victory" nearer, and leaving Bobbie Coddler-hater Peyton one step closer to the ranks of the vast army of "We Won't Eaters."

It is an irony of present day progress that the modern physician, able to do such intelligent good for the growing infant, finds his skill so widely frustrated by psychological conditions in the home that have developed the troublesome hunger strike of our army of children.

With the legitimate physical causes of anorexia, the physician can deal directly with the infant. But the problem of combating bad mealtime technique in prosperous homes, where his infant patients are coddled, coaxed, and verily forced into chronic anorexia, constitutes one of the most baffling problems of the day. Here the physician can only continue to give his time patiently to the schooling of mothers, fathers, nurses, grandmothers, brothers, sisters, and other offending bystanders.

In an effort to assist in this problem, we are producing a new booklet called "Baby's Vegetables and Some Notes on Mealtime Psychology." In it we attempt to say to the average mother some of the common-sense things that are frequently difficult to express in personal contact. At the same time the booklet includes material which many mothers may be glad to place before other members of the family.



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Our interest in producing the booklet is, of course, purely selfish. We cannot but view with alarm the unsuccessful mother who announces that her baby "simply won't eat vegetables," when in most cases the entire responsibility rests in the faulty technique of the mother—a technique that began destroying normal appetite expression the day the baby left the intelligent, matter-of-fact handling it enjoyed in the maternity division of the hospital.

In the section of the booklet devoted to the discussion of vegetables, we refrain from suggesting the manner in which the Gerber Strained Vegetable Products should be used, as we feel the physician would prefer to supplement this section of the booklet with his own instructions. If you find that the new Gerber booklet promises to be of any value in its contribution to intelligent lay co-operation in meeting the problem of anorexia, we will be glad to supply as many copies as you wish.

May we send you a copy to examine?

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ME-9



rather work hard while they work, and go away when they are not needed. Few like "luxury" cases. Again, to the average patient, two nurses daily, if twenty-four hour service is really necessary, is a heavy financial problem.

This is another three-cornered problem of distribution that still needs solving. I might add that some nurses say they will always prefer twenty-four hour duty, because they like the satisfaction of having complete charge of the patient.

From these facts, human and understandable, for the most part, arise difficulties in getting a nurse the minute an emergency calls for one. They must be frankly recognized in any attempt to solve the problems of more adequate nursing service, by both doctors and nurses. The nursing profession has for some time, indeed, been conducting a survey of nurse registries, to see whether some workable plan can be evolved to take care of some of these contingencies, and insure availability of nurses at all times.

Are nursing charges excessive?

They appear to, often actually do, roll up to an overwhelming total by the end of a week or two, for the person whose income and savings are ill-fitted to meet the emergency of sickness costs for a serious illness.

Consider the nurse however. Rates range from five to eight dollars a day. In the hospital the patient usually pays an additional sum for her meals, which goes not to her, but to the institution. In return, the patient receives from twelve to twenty-four hours of skilled care from a trained person. The graduate nurse averages about fifty cents an hour—which is what the untrained houseworker gets.

The nurse may not be working every minute of the time she is on duty, true. But she is not



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free, during those periods when the patient does not need actual care, to do as she pleases, or to take on other work that might increase her income. An office-worker who does perhaps four hours of actual work a day, feels nevertheless that being in the office from nine to five constitutes an eight-hour day, and expects to be paid accordingly.

Also, when the nurse works, she must earn for the time she doesn't find work, which averages four, sometimes five, months a year.

One of the frequently suggested solutions for high nursing costs has been the creation of a "sub-nurse" group, to be made up of women with several months' apprenticeship in the hospitals, who should charge about twenty-five dollars a week for twenty-four hour care.

If the doctor with the "flu" patient would be satisfied with someone to "tend" to the patient,

relieving his wife of sickroom chores, would not the practical nurse we now have be sufficient?

"But the practical," the doctor may object, "charges only a little less than the trained nurse." Study shows that, on the average, the practical costs about a dollar a day less, and sometimes charges more, than the Registered Nurse. Also, many doctors object to practicals, even for mild cases.

Yet is there any reason to believe that a new sub-nurse group would not follow the example of the practical, in being discontent with long hours and low charges? Even now we have all too frequently the spectacle of "nurse attendants" of various types, posing as graduates, even being sent out by unscrupulous registries as such, and receiving graduate nurse pay for their services. There is real danger of an influx of low-grade types into the nursing field, and a lowering of standards. [TURN THE PAGE]

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If skilled observation were needed for this patient, as it would certainly be for the post-operative one when added nursing care was desired, certainly a half-baked "sub-nurse" would not be the nurse the doctor would want. That a little knowledge is a dangerous thing is as true in nursing as in anything else.

The modern physician, the testimony of the 4,000 physicians amply showed, wants his nurse to be a person of good breeding, able to observe and report symptoms intelligently, follow orders accurately, give prescribed treatments with intelligence—all of which implies careful selection and thorough training of nurses.

Not an addition to the already crowded ranks of the half trained nurse, therefore, but a re-distribution of nursing service, seems to thoughtful doctors and nurses today one real solution of the cost of nursing service.

One such attempt that seems to work out quite satisfactorily in many communities, is the hourly nurse service, inaugurated in many cases by the Visiting Nurses Associations, sometimes by the central professional registries.

A chronic, or a convalescent patient, who needs perhaps two hours a day of actual nursing care, or a special treatment, can get it from the hourly nurse, and does not have to pay for the nurse's time during which he has no real need of her. He may save as much as four dollars a day in this fashion, and yet be getting a high grade quality of nursing care.

A heart patient of my acquaintance, living in a hotel, finds the hourly nurse satisfactory and economical, calling her in for two visits a day. A general practitioner in Brooklyn, where the service has been organized for some time, tells me he finds it worthwhile for many of his patients.

Other adjustments in the cost of nursing service that are seen

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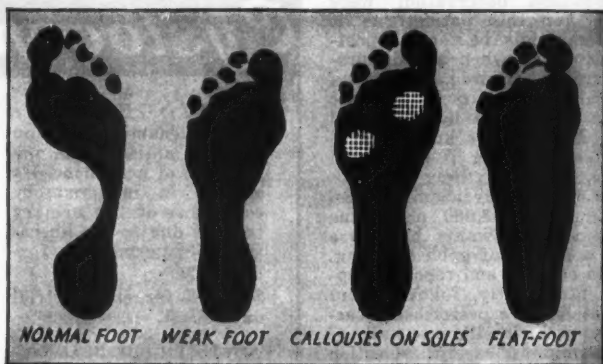
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M. E. 12

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as future possibilities are graded charges according to the length of case—today a five-month patient pays on the same basis as a five-day one—and according to the degree of highly specialized nursing care needed.

Perhaps the most significant attempt to give patients adequate, yet inexpensive, nursing care is the slowly growing tendency in hospitals toward increasing the adequacy of their general floor service by employing additional graduate nurses. When we consider that, on the whole, hospitalization of the seriously sick is growing, this takes on added importance.

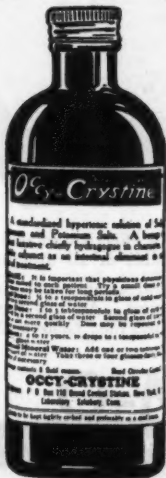
Indeed, with a really good floor service in the hospital, the patient may be better off than he is today with a special. A good floor service implies an adequate staff of picked nurses. They are liable to be of better quality than the special selected hit-or-miss and in a hurry. If the patient can afford a special for only

twelve hours a day, he is today usually without adequate care in the hours his special is off duty. If the floor service is good, the doctor is assured that his patient is being watched and cared for at all times by competent, experienced nurses.

Some hospitals experimenting in this direction report that the added cost of hospital care to all patients and to the hospital is comparatively little. The savings to patients who would have employed specials are considerable. For five or six dollars a day, a high grade floor nurse can now be secured for floor duty. Since the hospital does not need a one-to-one ratio of nurses to patients, this sum can be spread over the service charge for several patients. All patients, free or pay, mildly or seriously ill, receive better care.

Small hospitals, particularly, have found a graduate staff no more costly than a training school, and more satisfactory to

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But now that this has been successfully accomplished in Haley's M-O, these two corrective agents work together; and M-O, therefore, may be considered doubly-effective in treating digestive disorders.

Although M-O provides antacid, laxative and lubricant all in one, normal doses neither cause leakage nor disturb digestion. It is nearly tasteless, easy to take; children do not detect it in their milk.

M-O is exceptionally useful in spastic constipation, intestinal stasis and auto-infection. It also serves well in gastro-intestinal hyperacidity, sour stomach, palpitation, heartburn, pyrosis, gastric or duodenal ulcer, intestinal indigestion, colitis, hemorrhoids.

Useful before and after operations, during pregnancy and maternity, in infancy, childhood, maturity and old



age. An effective antacid mouthwash. Procurable at all druggists'.

Liberal sample and literature sent on request. Address the Haley M-O Company, Inc., Geneva, N. Y.

HALEY'S M-O

-an emulsion of milk of magnesia and pure mineral oil

the hospital, as well as to patients and doctors. They have, therefore, dispensed with the student nurses to whom they felt they could not, in the nature of things, give a well-rounded nursing education.

Doctors could do much to encourage this tendency on the part of hospitals toward adequate graduate nursing staffs.

"The nurses here have good operating room training, but lack bedside training," wrote one physician. And that community will have good operating room nurses, but poor bedside nurses, until the curriculum of the training schools there is revised, to include the kinds and amounts of experience necessary for good bedside nursing.

Though doctors on the whole seem to find that nurses have pleasing personalities, they do sometimes say that the quality in general is lower than it used to be. "The art of nursing is being lost," "Nurses lack initiative and ingenuity," "Nurses aren't as intelligent as they were twenty years ago," are some of the comments they make.

Some of this belief rises from the natural human nostalgia for the dear old days, a nostalgia that has little to do with the fact that the dear old days are often happily beyond recall. Often the apparently young and slangy nurse of today is more efficient, more alert, more up-to-date on contemporary methods than the more sedate nurse of yesterday.

Some of these complaints, however, are valid. Again the training schools must be scrutinized.

The plain truth of the matter is that nursing must keep step with the times if it is not to fall behind them. Our general educational level is rising. Law, engineering, medicine, journalism, home economics, other professions, and half-professions, have all had to evolve from the haphazard era of education into a standardizing one, making for high entrance requirements and

In Anemia

PEPTO-FER

Assimilable
Chloropectonate of Iron

A tonic and flesh builder, prepared according to the original formula of Dr. J. Jaillet, Paris.

A Digestive: Its peptone facilitates digestion, and it is very easy to assimilate as the iron is rendered organic by the peptone. It does not constipate.

Agreeable to the taste: Being free from the styptic flavor of most iron preparations Pepto-Fer is very palatable. It does not blacken the teeth.

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DIGITALIS THERAPY

For six years the Cardiac Clinics of Greater New York have used tablets of standardized whole digitalis.

Tablets Digitalis

Standardized Whole Leaf

Lederle

were perfected as a result of this work.

Physician's sample on request

LEDERLE LABORATORIES

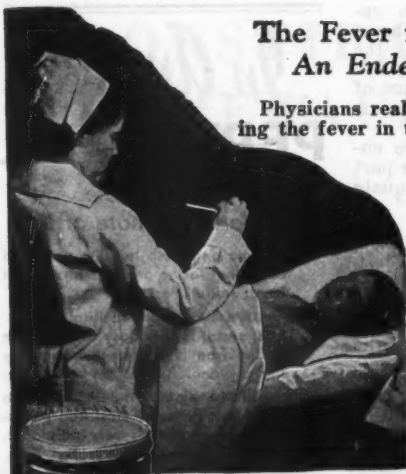
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The Fever in Scarlet Fever An Endermic Control

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Numotizine

an emplastrum with a scientifically balanced formula, is invaluable for this purpose because it gives the desired effect promptly the drugs being absorbed through the skin without possibility of stomach derangement.

Numotizine is also valuable for relieving pain, inflammation and congestion in such conditions as boils, abscesses, sprains and external traumatism.

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Every physician will find it a valuable advantage to read and make use of the booklet, *High Blood Pressure, its diagnostic importance, its efficient treatment*, prepared by The Drug Products Co., Inc. It explains causes and symptoms and significance of High Blood Pressure Cases.

Clinical reports on the use of Pulvoids Natrico for symptomatic treatment of High Blood Pressure Cases are also available.

Write now and we will send you a copy of the booklet and clinical reports Free.



high requirements in courses of study. Nursing must also emerge from the haphazard era, and set up minimum standards of selection of students and their education.

And this brings me back to my main theme—that, since nursing has grown to such a size, and to such an essential position in modern life, we must study and understand its basic conditions, if we are to understand the problems it presents to us as individuals, whether nurses, patients, or doctors, if individual nurses are to meet the demands of doctors and patients today.

There is a better chance for such understanding now than ever before. Nurses are subjecting themselves to a rigorous self-analysis, often facing stern truths during the process, and are attempting to adjust themselves to changing conditions, as the facts become known. The medical profession is interested as never before in obtaining a

high quality of nursing, as a means of augmenting its usefulness to the public.

Nurses and doctors need each other. They will gain tremendously if they look at the facts of nursing today together, in a spirit of friendly cooperation.

If You Decide to be an Author

[FROM PAGE 19] it, and usually not more than two or three out of twenty or more included in a single issue receive more than a casual glance. Every writer should try to make his opus sufficiently attractive so that the reader will pass over all the others, or most of them, and read his.

Many persons, including would-

PRUNOIDS

A lack of secretion in the intestines is one of the principal causes of chronic constipation. Prunoids given at night over a period of one week will increase glandular activity without exciting pronounced peristalsis, and will gradually overcome this form of constipation.

Prunoids are made of Phenolphthalein (one and one-half grains in each), Cascara Sagrada, DeEmetinized Ipecac and Prunes.

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Drug Co.**
Saint Louis,
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Gentlemen:

Please send me a professional sample of PRUNOIDS.

Dr. _____

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Samples to Physicians Only

REQUIRES NO REFRIGERATION

Prevent
Summer Complaint—
DIARRHEA

Prescribe DRYCO
It's Safe

SUMMER complaint is caused by hot weather and inefficiently refrigerated milk. The condition of diarrhea and the accompanying vomiting with its dehydrating effect and resultant starvation cause the acidosis which precedes collapse.

Make up for the fluid loss irrespective of whether the diarrhea is ineffective, digestive or symptomatic.

COUPON

Send for samples and booklet, "Diarrhea—the Dread Disease of Infancy and Childhood." Pin this to your blank or letterhead and mail to Dept. ME, The Dry Milk Company, Inc., 205 East 42nd St., New York.

DRYCO is the choice of thousands of physicians in their difficult diarrheal cases. It is unsurpassed as a transitional food, since it can be prepared to suit all degrees of solutions and concentrations demanded by the weakened digestion of the sick baby. The baby can be fed under reduced volume and with a highly digestible food without overburdening the stomach or overhydrating the system.

Not how much milk—but how well it is digested and tolerated.

DRYCO

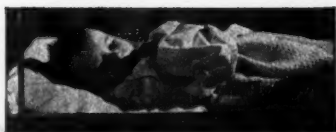
DRYCO IS AN IDEAL TRANSITIONAL FOOD

be authors, have an idea that an editor buys his material only for the next issue of his newspaper or magazine and write articles that lose their interest and value unless used at once. As a matter of fact, most articles are bought several months before they appear in print; and if a piece has to be used at a particular time to avoid being out of date the chances are that the editor will not accept it. Even though he may wish to use it in a particular issue, he is never sure that he can use it then and is unwilling to pay for something that may ultimately find its way into the waste basket.

Besides being written in non-technical language and phrased in such a way as to appeal to the average reader, the doctor's contributions should be characterized by what newspaper men call "human interest." This is that characteristic of good writing which grips the reader's interest and stirs his emotions. The President's stand on the tariff or the World Court, while vastly important, lacks this "human interest," but there is plenty of it in the story from Washington that told of the visit to the White House of the youthful hero of a Colorado bus disaster.

Long tables of statistics showing the progress of the medical profession in its fight against tuberculosis and typhoid fever gather dust on library shelves, but the saving of a woman's life by rushing diphtheria antitoxin to an isolated village will make even the most word-weary reader continue to the last line.

The opening paragraphs of course should be interesting. The best possible way to kill interest in an article is to begin with a great mass of statistics or with a dull statement of unimportant facts. Many writers arouse reader interest by beginning their articles with a brief description of an event in which the average person is interested. From his opening, the writer should lead



When lactation is inadequate—

Cocomalt, the delicious chocolate flavor food drink, increases the caloric value of a glass of milk more than 70%. Taken by nursing mothers, it not only promotes the flow but improves the quality of lactation. Cocomalt provides all the necessary food elements for the production of milk . . . without inducing constipation.

Vitamins A, B Complex and D are present in this tempting food drink. Easily digested — quickly assimilated. Generous trial can sent to physicians on request.

R. B. DAVIS CO., Dept.
HH-8, Hoboken, N. J.



Cocomalt

Adds 70% more nourishment to milk



A Dependable Time Tested Product For FEMININE HYGIENE

In extensive clinical tests as well as in the laboratory this product has proven to be of great merit.

Doctors everywhere have found MARVOSAN efficient yet harmless. Toxic ingredients or corrosive poisons are NOT present in this preparation.

You and your patient will be pleased with this sterling product.

Physicians also prescribe our "L.A.J." (Lactic Acid Jelly-Cooper).

FREE Sample and literature of Marvosan and "L.A.J." sent to physicians on request.

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MALLOPHENE

In Cystitis and Pyelitis

Deeply penetrating, antiseptic, bacteriostatic, nonirritating, mildly sedative. Administered orally, Mallophene is rapidly but continuously eliminated through the genito-urinary tract. Ideal in the treatment of cystitis and pyelitis.

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SANMETTO

A Requisite in the
General Treatment of . . .

URETHRITIS—CYSTITIS and PROSTATITIS

Best tolerated and quickest to reduce
INFLAMMATION and PAIN

OD CHEMICAL CO., 61 Barrow St., New York, N. Y.

Gentlemen: Please send by prepaid post a physician's sample
SANMETTO.

Name _____ M. D.

Address _____

naturally and logically to the body of the article.

Many would-be writers spoil their chances of success by trying to do "fine writing." They probably remember that they won praise from their college professors by imitating Shakespeare and making their brain children sound, when read aloud, like the sonorous orations of old-fashioned Fourth of July orators. But such writing has no place in professional authorship. It tends to obscure the thought and dull the reader's interest. Good, clear English, the kind used in ordinary conversation with a friend, is what editors look for and demand. The matter of writing for money reduces itself to this: Be sure you have something to say, and then say it as simply and effectively as you can.

Some people still think professional writers turn out their articles and stories by inspiration; but these writers themselves hoot at the idea.

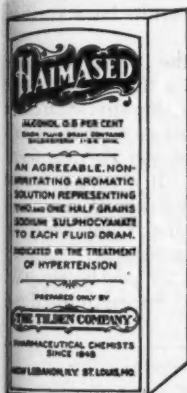
Edgar A. Guest told a newspaper man sometime ago that he thought of his job of writing poetry just as a bookkeeper thought of his: He had a certain piece of work to do every day and did it.

Always keep in mind what Phillips Russell told a journalism class; it was—if he were to wait for inspiration before starting a story, he would never write another line.

What Car Do You Drive?

[FROM PAGE 17] stands out, but there are few cars below \$1000 in price. Buick is slightly in the lead of all.

Reasons for choice stand about the same as in the previous



HAIMASED

The original preparation of Sodium Sulphocyanate contains *no sugar*. Avoid substitutes. Use the original in the treatment of

HYPERTENSION

(Sample and Literature to Physicians on Request)

Prepared only by
THE TILDEN COMPANY
Pharmaceutical Chemists since 1848

New Lebanon, N. Y.

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Interdigital ringworm spreads faster in Summer . . . *check it with* **ABSORBINE JR.**

INTERDIGITAL RINGWORM, which so many people now call "Athlete's Foot," undoubtedly infects more people in hot weather. They get around more. They take up pursuits which bring their bare feet in contact with damp floors. In locker- and dressing-rooms; on the edges of swimming pools and showers; in gymnasiums; *tinea trichophyton*, the ringworm germ, again infects countless persons. Those with a tendency to foot perspiration are subject to new attacks.

Absorbine Jr. helps check this

infection in a surprisingly effective way. Laboratory tests have shown that it entirely inhibits growth of the infective organism. And clinical results have verified this fact.

This is the time to give Absorbine Jr. a thorough try-out for ringworm therapy. Statistics show that "*half of all adults suffer from ringworm (of the feet) at some time.*" It is sure to come up in your practice. If you wish to test Absorbine Jr. just send the coupon for a sample. At all druggists—\$1.25 per bottle. W. F. Young, Inc., Springfield, Mass.

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FOR YEARS HAS RELIEVED
SORE MUSCLES, MUSCULAR
ACHES, BRUISES, BURNS,
CUTS, SPRAINS, ABRASIONS



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Springfield, Mass.

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Absorbine Jr. without obligation.

Dr.

Address

group. Owners keep their cars longer (an average of three years) and drive them farther (13,300 miles). 50,000 miles begins to show on physicians' speedometers, but not often.

Second cars include Franklin, Reo, Lincoln, Pierce-Arrow, Willys-Knight, Graham-Paige and Packard.

This brings us to the big cities, like Chicago, Pittsburgh, and Philadelphia.

There are more Fords than in the previous groups, but plenty of expensive makes too. Cadillac enters as more than a rarity.

Prestige of name and appearance compete on fairly even terms with economy of operation as reasons for selection, but reliability is still most important (original cost seems to be only half as important).

Very few physicians in this group admit that they would drive a less expensive car if they

were business men of comparable salary.

Mileage and length of ownership are not much different from the previous group.

Now let us see how size of income affects automobile ownership in the medical profession.

In the group below \$5,000 a year income, Essex, Dodge and Ford lead, with Buick and Pontiac runners-up. None answered that they would want to own a less expensive car if they were not physicians.

Few have second cars, and those are usually Fords.

Two years is the average period of ownership, and the mileage rises to 17,000, probably because there are more rural practitioners in this group.

The cars of choice in the next group (\$5,000 to \$10,000) are Ford, Chevrolet, Nash; Dodge and Buick are next in popularity, and then follow Essex, Hudson, Hup-

ERGOAPIOL

(Smith)

A non-narcotic agent prescribed by physicians throughout the world in the treatment of

AMENORRHEA, DYSMENORRHEA, ETC.

Ergoapiol (Smith) is supplied only in packages containing twenty capsules.

As a safeguard against imposition, the letters "MHS" are embossed on the inner surface of each capsule, thus



Dose: One or two capsules three or four times a day

Literature on Request

MARTIN H. SMITH COMPANY, New York, N. Y. U. S. A.

Pure Blood is the Best of All Sound Investments

Blood impoverishment, dyscrasia, irritated or poisoned, either by retained products of metabolic waste or the results of bacterial infection, either prevents prompt and thorough recovery from acute disease or aggravates the severity of a chronic affection.

Echifolia, Iris and Viola are tested and proven medicaments of the older school of therapy, whose action upon the blood when administered internally can be and has been easily demonstrated.

ECHITONE

is an effective combination, which is agreeable to take but properly made, enabling it to be pushed to full therapeutic effect.

In "malignant" or "typhoid" conditions met with in acute disease, in the cachexia of chronic affections, for inflammatory skin conditions

CYSTO-SEDATIVE

which combines the action of Thuja, Pichi, Triticum Repens, Saw Palmetto and Hyoscyamus, is sedative, antispasmodic and soothing in irritation of the genito-urinary tract.

Samples and literature on request

Strong, Cobb & Co.

Cleveland, Ohio

PEACOCK'S BROMIDES

It is a fact that the combination of the five Bromides of Potassium, Sodium, Ammonium, Calcium and Lithium presented in a pure and eligible form has decided advantages over the single salts.

The bromide treatment gives better therapeutic results through the use of Peacock's Bromides than is possible with the single salts.

Each fluid drachm contains 15 grains of the purest bromides of potassium, sodium, ammonium, calcium and lithium.

Gentlemen:

Please send me a professional sample of PEACOCK'S BROMIDES.

Dr. _____

Address _____

Samples to Physicians Only

**Peacock
Chemical
Co.**

*Saint Louis,
Missouri*

mobile, Studebaker, Durant, and Auburn.

Second cars include La Salle and Willys-Knight.

Notice that two-thirds of the physicians in this group replied that they would have chosen a less expensive car under the conditions stated above.

In the group above \$10,000, we find most of the Cadillacs, Hupmobiles, Willys-Knights, Graham-Paiges, Franklins, and Buicks, though Fords are as numerous as any other single make.

Or, to sum up all the groups, here is how automobiles stand with the medical profession in general:

The three big sellers, in their order of popularity, are Ford, Buick, and Pontiac.

The next five, in order, are Dodge, Franklin, Nash, Chrysler, and Hudson.

Hupmobile, Reo, Essex, Oakland, and Chevrolet come next; and the rest of the honors are divided about equally between Auburn, Marquette, Plymouth, Studebaker, Packard, Lincoln, Pierce-Arrow, Cadillac, and Willys-Knight.

For second cars, the five leading makes, in order of popularity, are Ford, Buick, Franklin, La Salle, and Nash.

As for reasons that govern physicians in their choice of cars, reliability is given first importance—in fact, is checked almost twice as often as any other single point.

Economy of operation, original cost, and long life are next, being given about equal weight.

Riding comfort and ease of driving, are considered more important than appearance, which, in turn, is considered twice as good a reason for buying as prestige of name.

Bedside Urinalysis Case

8 new urine tests readily executed at the bedside.

SIMPLE and RELIABLE



A rapid urinary examination for albumin—qualitative and quantitative—sugar—qualitative and quantitative—acetone, renal sclerosis, bacterial infection and presence of pus.

These tests deserve an important place in diagnosis, combining new and exceedingly simple methods of urinary examination without boiling, without corrosive acid and without a microscope.

With only reagent and urine, in one half to three minutes the reaction is completed.

This method makes it possible for the busy practitioner and surgeon, either during office hours or at the bedside, to execute routine urinary tests in a few minutes. The reactions are superior to those of present methods, taking into consideration such factors as doubtful chemical end reactions and dependability.

You do not always want to spend hours making elaborate investigations of the urine or to send specimens to the laboratory entailing expense and loss of time. What you want is to test your patient's urologic condition right there at his bedside and clinch your diagnosis. This you can do with sufficient accuracy for all practical purposes with this Test Case. This Test Case is very convenient, accurate, of pleasing appearance, and can easily be carried in the coat pocket. (EACH TEST COSTS ABOUT 1/2 CENT)

COMPLETE OUTFIT INCLUDING TESTOMETERS FOR INTRODUCTION,

PRICE, \$5.00

Refilling bottle each, \$1.00

Enclose check—or C.O.D.—

Phennel Laboratory,
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Dr. _____

Address _____

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Don't Rasp Your Throat with Harsh Irritants

**"Reach for a
LUCKY Instead"**

The American Tobacco Company knows of no greater service which a business enterprise can render the public than to emphasize the importance of periodic health examinations. This recommendation is a keynote of our LUCKY STRIKE radio broadcasts.

LUCKYSTRIKE—"IT'S TOASTED"—an exclusive process by which certain harsh irritants naturally present in all tobacco leaves are expelled. These expelled irritants are sold to manufacturers of chemical compounds. They are not present in your LUCKY STRIKE. LUCKIES are always kind to your throat.

TUNE IN—The Lucky Strike Dance Orchestra, every Tuesday, Thursday and Saturday evening over N. B. C. network.



"It's toasted"

Including the use of Ultra Violet Rays
Sunshine Mellow—Heat Purifies

Your Throat Protection—against Irritation—against cough

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